



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 July 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda University Health Board (HDdUHB) Joint Committees and Collaboratives Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Clare Moorcroft, Committee Services Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of recent Joint Committee and Collaborative meetings to include the following:

- Welsh Health Specialised Services Committee (WHSSC)
- Emergency Ambulance Services Committee (EASC)
- NHS Wales Shared Services Partnership (NWSSP) Committee
- Mid Wales Joint Committee for Health and Care (MWJC)
- NHS Wales Collaborative Leadership Forum (CLF)

Cefndir / Background

The Hywel Dda University Health Board (HDdUHB) has approved Standing Orders in line with Welsh Government guidance, in relation to the establishment of the Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and NHS Wales Shared Services Partnership (NWSSP) Committee. In line with its Standing Orders, these have been established as Joint Committees of HDdUHB, the activities of which require reporting to the Board.

The confirmed and unconfirmed minutes, agendas and additional reports from WHSSC, EASC and NWSSP Committee meetings are available from each Committee's websites via the following links:

[Welsh Health Specialised Services Committee Website](#)

[Emergency Ambulance Services Committee Website](#)

[NHS Wales Shared Services Partnership Website](#)

The Mid Wales Healthcare Collaborative was established in March 2015 following a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by the Welsh Institute for Health and Social Care (WIHSC) (*ref: Mid Wales Healthcare Study, Report for Welsh Government, WIHSC – University of South Wales, September 2014*). In March 2018, the Mid Wales Healthcare Collaborative transitioned to the [Mid Wales Joint Committee for Health and Care](#) whose role will have a strengthened approach to planning and delivery of

health and care services across Mid Wales and will support organisations in embedding collaborative working within their planning and implementation arrangements.

The NHS Wales Collaborative Leadership Forum was constituted in December 2016. As the responsible governance group for the NHS Wales Health Collaborative it has been established to agree areas of service delivery where cross-boundary planning and joint solutions are likely to generate system improvement. The forum also considers the best way to take forward any work directly commissioned by Welsh Government from Health Boards and Trusts as a collective; and provides a vehicle for oversight and assurance back to Welsh Government as required. Assurance is given to individual Boards by providing full scrutiny of proposals.

Asesiad / Assessment

The following Joint Committee minutes are attached for the Board's consideration:

Welsh Health Specialised Services Committee (WHSSC)

- Briefing notes from the WHSSC meeting held on 13th July 2021 setting out the key areas of discussion.

Emergency Ambulance Services Committee (EASC)

- Confirmed minutes of EASC meeting held on 9th March 2021 (English and Welsh versions);
- Summary of key matters considered by EASC and any related decisions made at its meeting held on 11th May 2021.

NHS Wales Shared Services Partnership (NWSSP) Committee

- Summary of key matters considered by NWSSP and any related decisions made at its meeting held on 20th May 2021.

Mid Wales Joint Committee for Health and Care (MWJC)

- Update report from MWJC meeting held on 25th May 2021 (English and Welsh versions);

There are no further Joint Committee minutes or Collaborative updates to include for the following reasons:

NHS Wales Collaborative Leadership Forum (CLF)

- The CLF has not met since the previous Board meeting.

Argymhelliad / Recommendation

The Board is asked to receive the minutes and updates in respect of recent WHSSC, EASC, NWSSP, MWJC and CLF meetings.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr
Cyfredol:
Datix Risk Register Reference and
Score:

Not Applicable

Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Link to WHSSC Website Link to EASC Website Link to NWSSP Website Link to MWJC Website
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Health Specialised Services Committee Emergency Ambulance Services Committee NHS Wales Shared Services Partnership Committee Mid Wales Joint Committee for Health and Care NHS Wales Collaborative Leadership Forum

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Explicit within the individual Joint Committee and Collaborative reports where appropriate.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	The Board has approved Standing Orders in relation to the establishment of WHSSC, EASC and NWSSP Joint Committees, and Terms of Reference for the CLF, MWJC and JRPDC.
Cyfreithiol: Legal:	In line with its Standing Orders, the Health Board has established WHSSC, EASC and NWSSP Joint Committees, the activities of which require reporting to the Board.
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – JULY 2021

The Welsh Health Specialised Services Committee held its latest public meeting on 13 July 2021. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1. Minutes of Previous Meetings

The minutes of the meeting held on the 11 May 2021 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Chair's Report

Members received the Chair's Report and **noted**:

- Chairs actions taken in relation to:
 - the appointment of Professor Ceri Phillips, Vice Chair of Cardiff and Vale UHB (CVUHB), as an Independent Member of the Joint Committee, with effect from 1 June 2021 for an initial term of two years, in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders (SO's),
 - variation of the Governance and Accountability Framework and that the amended WHSSC SOs and Standing Financial Instructions (SFIs) be taken forward for approval by the seven Health Boards (HBs),
- an update regarding Dr Chris Jones, Vice Chair of the All Wales Independent Patient Funding Panel (IPFR) stepping down,
- an update on attendance at the Welsh Renal Clinical Network (WRCN) meeting 9 June 2021,
- an update on the Integrated Governance Committee (IGC) meeting 8 June 2021,
- Attendance at the Cwm Taf Morgannwg UHB (CTMUHB) Board meeting 9 June 2021 during which the WHSCC Annual Governance

Statement 2020-2021 and financial statements were formally approved.

4. Managing Director's Report

Members received the Managing Director's Report and **noted** updates on:

- Children and Adolescent Mental Health Services (CAMHS),
- All Wales Positron Emission Tomography (PET) Programme Business Case,
- Ty Llidiard Escalation Review,
- Status Report on Annual Audit of Accounts 2020-2021

5. Appointment of Vice Chair

Members received a report proposing that a Vice Chair be appointed to WHSSC. Members noted that Ian Phillips, Independent Member, WHSSC, had been an Independent Member with WHSSC for 2 years, and was reappointed for a further two years from 1 April 2021 and has extensive knowledge and experience of the breadth of the work undertaken by WHSSC and the Joint Committee.

Members **approved** the appointment of Ian Phillips as Vice Chair of WHSSC.

6. Appointment of Interim Chair to the Welsh Renal Clinical Network (WRCN)

Members received a report proposing that an Interim Chair is appointed to the Welsh Renal Clinical Network (WRCN) for a 6 month period to support business continuity and to allow sufficient time to prepare for and undertake an open and transparent recruitment process to appoint a substantive Chair.

Members **noted** the important work of the WRCN and that traditionally, the WRCN Chair role had been undertaken by a senior renal clinician, however given the remit of the WRCN working closely with the charitable sector, third party providers and Welsh Government, consideration had been given to developing a person specification to incorporate experience of working with a variety of diverse stakeholders as an essential/desirable requirement and recognising that the role should no longer be reserved to a senior renal clinician.

Members **approved** the appointment of Ian Phillips as the Interim Chair of the Welsh Renal Clinical Network (WRCN) for a period of 6 months.

7. Commissioning of Mesothelioma MDT

Members received a report outlining the case for establishing an all Wales specialist mesothelioma Multi-Disciplinary Team (MDT) commissioned by WHSSC; and proposing that a scheme for an all Wales mesothelioma MDT is included within the Clinical Impact Assessment Group (CIAG) process for the Integrated Commissioning Plan (ICP) for 2022-2023.

Members **noted** the information provided in the report regarding mesothelioma incidence and outcomes for people in Wales, and the potential benefits of an all Wales specialist mesothelioma MDT; **approved** the proposal to transfer the commissioning of specialised mesothelioma services from Health Boards (HBs) to WHSSC; and **supported** the inclusion of a scheme for an all Wales mesothelioma MDT within the CIAG process for the ICP 2022-2023.

8. Audit Wales Report – Committee Governance Arrangements at WHSSC

Members received the Audit Wales report concerning the review into Committee Governance arrangements at WHSSC undertaken between March and June 2020. Members **noted** that as a result of the COVID-19 pandemic, aspects of the review had been paused, and re-commenced in July 2020. Members **noted** that:

- A survey was issued to all HBs and the fieldwork was concluded in October 2020,
- the scope of the work included interviews with officers and independent members at WHSSC, observations from attending Joint Committee and sub-committee meetings, feedback from questionnaires issued to HB Chief Executive and Chairs and a review of corporate documents.
- The findings were published in May 2021 in the [Audit Wales Committee Governance Arrangements at WHSSC](#) report,
- The report outlined 4 recommendations for WHSSC and the 3 recommendations for Welsh Government

Members **noted** the report and the Lead Auditor thanked the Joint Committee and the Executive team for their involvement in the production of the report.

9. Audit Wales WHSCC Governance Arrangements – Management Response

Members received the Management Response to the Audit Wales report concerning the review into Committee Governance arrangements at WHSSC.

Members **noted** that the report outlined 4 recommendations for WHSSC and the draft management response has been circulated to HB CEO's, Welsh Government and Audit Wales for comment and feedback. Progress against the actions outlined within the management response will be monitored through the Integrated Governance Committee (IGC) on a quarterly basis, and a full progress report will be presented to the Joint Committee 18 January 2022, once the actions related to the Integrated Commissioning Plan (ICP) process and engagement events have been completed.

Members **noted** that the report outlined 3 recommendations for Welsh Government (WG) and the WG management response had been outlined

in a letter from Dr Andrew Goodall, Director General Health & Social Services/ NHS Wales Chief executive to Mr Adrian Crompton, Auditor General for Wales. Progress against the WG management response will be monitored through discussions between the Chair, the WHSSC Managing Director and the Director General Health & Social Services/ NHS Wales Chief Executive.

Members **noted** the report and the proposed WHSSC management response to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, **noted** the Welsh Government response to the Audit Wales recommendations, and noted the proposed arrangements for monitoring progress against the actions outlined in the management responses.

10. Governance & Accountability Framework

Members received a report which provided an update on the WHSSC Governance and Accountability Framework and **noted**:

- the Minister for Health & Social Services had issued updated model standing orders for NHS Bodies in Wales in April 2021, including WHSSC,
- at the last Joint Committee meeting on the 11 May, it was proposed that the revised Governance and Accountability Framework documents, including the Standing Orders (SOs) and Standing Financial Instructions (SFIs), would be approved via Chair's Action outside of the meeting to facilitate expediency,
- on the 21 June, the Chair acting in conjunction with Dr Sian Lewis and Professor Ceri Phillips, Independent Member, took Chair's Action to update the documents and to recommend that the amended SOs and SFIs be taken forward for approval by the seven LHBs for inclusion within their own respective HB SOs,
- Once the updated documents have been approved Chief Executives are required to sign the Memorandum of Agreement (MOA) and the Hosting agreement,
- A report on the updated Governance and Accountability Framework for WHSSC will be presented to the CTMUHB Audit and Risk Committee on the 17 August 2021 to provide assurance in accordance with the hosting agreement.

Members **noted** the report, **noted** the Chair's Action taken on 21 June 2021 to recommend variation to elements of the Governance and Accountability Framework for onward approval by the seven HBs; and **approved** the updated versions of the MOA and Hosting Agreement.

11. Annual Governance Statement 2020-2021

Members received the WHSSC Annual Governance Statement (AGS) 2020-2021 for assurance.

Members **noted** the report.

12. Activity Reports for Months 1 and 2 2021-2022 COVID-19 Period

Members received a report that highlighted the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales. The report illustrated the decrease during the peak COVID-19 periods, the level of potential harms to specialised services patients and the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability.

Members **noted** the information presented in the reports.

13. Financial Performance Report – Month 2 2021-2022

Members received a paper the purpose of which was to provide the final outturn for the financial year. The financial position reported at Month 2 for WHSSC was a year-end outturn under spend of £3,364k.

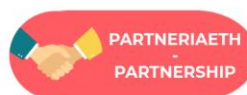
The majority of this under spend relates to the English SLA forecast underspend which reflects the difference between the plan baseline and the agreed blocks for Q1 & Q2, 2020-2021 reserve releases and development slippage. There is a partial offset with the over spend in Mental Health at month 1 that includes high Children and Adolescent Mental Health Services (CAMHS) CAMHS out of area (OOA) activity and an exceptional high cost medium secure patient with the forecast to plan.

Members **noted** the report.

14. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Management Group;
- Quality & Patient Safety Committee; and
- Integrated Governance Committee
- All Wales Individual Patient Funding Request Panel





**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
9 MARCH 2021 AT 13:30HOURS
VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:

Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Glyn Jones	Deputy Chief Executive, Aneurin Bevan University Health Board ABUHB
Jamie Marchant	Director of Primary, Community and Mental Health, Powys PTHB
Jo Whitehead	Chief Executive, Betsi Cadwaladr BCUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Sian Harrop-Griffiths	Director of Planning, Swansea Bay SBUHB
Len Richards	Chief Executive, Cardiff and Vale CVUHB

In Attendance:

Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Gwenan Roberts	Committee Secretary, National Collaborative Commissioning Unit

Part 1. PRELIMINARY MATTERS		ACTION
EASC 21/01	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee. Jo Whitehead was welcomed to the meeting. The meeting in January 2021 had been cancelled due to the operational pressures related to the coronavirus pandemic.	Chair

EASC 21/02	APOLOGIES FOR ABSENCE Apologies for absence were received from Judith Paget, Carol Shillabeer, Steve Moore, Andrew Carruthers and Mark Hackett.	Chair
EASC 21/03	DECLARATIONS OF INTERESTS There were no additional interests to those already declared.	Chair
EASC 21/04	MINUTES OF THE MEETING HELD ON 10 NOVEMBER 2020 The minutes were confirmed as an accurate record of the Joint Committee meeting held on 10 November 2020. Members RESOLVED to: <ul style="list-style-type: none"> • APPROVE the Minutes of the meeting held on 10 November 2020. 	Chair
EASC 21/05	ACTION LOG Members RECEIVED the action log and NOTED specific progress as follows: EASC 20/45 & 20/57 Learning Lessons of working during a pandemic Jason Killens confirmed that information had been received at the Welsh Ambulance Services NHS Trust (WAST) Board meeting and would be circulated with the minutes of the meeting. EASC 20/70 CASC as Co-Chair Task and Finish Group Members noted the ongoing work with the Fire and Rescue Services in relation to their work as first responders. Stephen Harrihy explained that the work was of joint Ministerial interest. Members noted three areas of interest; response to non-injury fallers aligned with local schemes; falls prevention and checks on homes (similar to fire prevention) and working with WAST to provide direct support in a first responder role where time matters most. Members noted that there was general support for this and the latest update report would be circulated with the minutes of the meeting. EASC 20/74 Serious Adverse Incidents (SAIs) Jason Killens gave an update on the position related to SAIs and benchmarking the WAST position and some issues in bringing information together. A further report would be brought to the next meeting. Other SAI information was also being shared via the Directors of Nursing Group across Wales.	<div>CEO WAST</div> <div>CASC</div> <div>CEO WAST</div>

	<p>EASC 20/74 Health and Safety Executive Improvement notices re personal protective equipment Jason Killens explained that a letter had been sent to Chief Executives during the summer of 2020 to explain the position. Members noted that the amount of time WAST staff were in PPE was still an issue for the HSE although the concern was being mitigated. This action was closed.</p> <p>EASC 20/74 Overview list to tackle performance Members noted that the EASC Management Group would discuss this issue at its next meeting and report back.</p> <p>EASC 20/93 Beyond the Call Members noted that the Beyond the Call document - the National Review of Access to Emergency Services for those experiencing mental health and /or welfare concerns was now available on the EASC website: https://nccu.nhs.wales/qais/btc/</p> <p>EASC 20/95 NEPTS Winter Capacity Members noted the central winter funding monies provided and it was agreed this was a positive report. This action point was closed.</p> <p>EASC 20/95 Safe Cohorting of Patients Members noted the variety of work to reduce handover delays. Providing additional capacity was key across NHS Wales and a number of initiatives were ongoing which would be monitored via the EASC Management Group and would be reported back at a future meeting.</p> <p>EASC 20/95 Operational Delivery Unit (ODU) Members were aware that the ODU was up and running and was linking with the Chief Operating Officers meeting and that the work on escalation would also be important to its function. A report would be provided to the next Chief Operating Officer's meeting and a further update would be provided at a future meeting. (Len Richards joined the meeting)</p> <p>EASC 20/95 Information Members noted that this work was linked with the development of a dashboard. This work would also allow health board to better plan services by working in partnership with WAST in managing the demand in real time. The aim was to work with health boards and Welsh Government to integrate ongoing work. A further update would be provided at a future meeting.</p>	<p>CASC</p> <p>CASC</p> <p>CEO WAST</p> <p>CASC</p>
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	<p>EASC 20/95 Post production lost hours</p> <p>Jason Killens explained that active conversations had been taking place with trade union and staff side colleagues on the modernisation agenda. A further report would be provided in the WAST report at the next meeting.</p> <p>The Chair suggested reordering the Action Log to have the most recent issues first which was agreed.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log. 	<p>CEO WAST</p> <p>Ctte Sec</p>
EASC 21/06	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	
EASC 21/07	<p>CHAIR'S REPORT</p> <p>The Chair's report was received. Members noted the meetings being attended by the Chair and that the work of the groups were all overlapping and crossing boundaries. The Urgent and Emergency Care Programme was changing and this would have an impact on the work of the Committee. The complex landscape had been referred to in 'A Healthier Wales' and Members felt that more work was needed to simplify the system in Wales. Members also noted the Chair's objectives set by the Minister.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report. 	
Part 2. ITEMS FOR DISCUSSION		ACTION
EASC 21/08	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen Harray highlighted the following key items:</p> <ul style="list-style-type: none"> • Ministerial Ambulance Availability Taskforce <p>Members noted that the Interim Report had been unanimously supported by the Taskforce Members and submitted to the Minister. The report would be shared with Members following its clearance through Welsh Government processes. The aim of the Taskforce was to work in a complementary way with the EAS Joint Committee. One of the main aims would be to develop a vision of what a modern ambulance service needs to look like and Members welcomed an opportunity to have a detailed discussion at a future meeting.</p>	<p>CASC</p>

	<p>Members were notified of a secure website which had been developed to share information with the Taskforce and the EASC members would also be invited to access the information provided.</p> <ul style="list-style-type: none"> • Emergency Medical Retrieval and Transfer Service (EMRTS) Members were notified that accessing capital funding had been an issue for the service in terms of their expansion plans and this had now been resolved. Stephen Harrhy agreed to discuss the capital funding with Sian Harrop-Griffiths (Swansea Bay UHB) outside of the meeting. • Non-Emergency Patient Transport Service (NEPTS) Members noted that the roll out was almost complete; the final two health boards would soon complete the transfer and the CASC thanked the Members for their support in progressing this matter. • Emergency Medical Services Framework Members noted that the EMS Framework had been refreshed. The version produced was less technical than previous iterations but continued to link to the care standards and core requirements but was more focused on outcome and outputs, a change which was welcomed by the Members. There were no specific issues to raise and the framework had been discussed at the EASC Management Group. Members noted a small number of small amendments would be required (although not likely to be material) and the Members agreed that the Chair take Chair's action to sign off. <p>The Chair thanked Stephen Harrhy for the report and Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chief Ambulance Services Commissioner's report • APPROVE the Chair and CASC to finalise the EMS Framework (subject to no material issues being identified) for 2021-22. 	<p>CASC / Director of Finance</p> <p>CASC/Chair</p>
<p>EASC 21/09</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received. Members noted:</p> <ul style="list-style-type: none"> • Covid Pandemic WAST had been able to de-escalate from REAP3 (Resource Escalatory Action Policy) to REAP2 and additional support which had been received, for example from the military, would be stepped down by the end of March. 	

	<p>Work had commenced on reconfiguring the crews to the previous position and work also was underway to capture any lessons learned from the second wave.</p> <ul style="list-style-type: none"> • Red Performance Members noted red performance had increased since December (which had been very challenging); the previous month (February) had closed at 64%. • Delays Patient waiting times and the pressures in the system due to the second wave had led to unacceptable ambulance waiting times. Members noted that an increase in serious adverse incidents relating to patient waiting times had been experienced. This was also the experience of other ambulance services across the UK in terms of the impact on communities. In terms of community based incidents Members noted that they were being investigated jointly between WAST and health boards. • Non-emergency patient transport services (NEPTS) Two further health boards were just about to cross over to the national model with only one health board yet to transfer. • Changes at Health Boards Members noted the impact of health board service changes on WAST and it was important to learn lessons. Recruitment had taken place, which was additional to the WTE136, for the changes in the ABUHB services. <p>The Chair thanked Members in relation to the work undertaken to transfer NEPT services into WAST.</p> <p>The Chief Ambulance Services Commissioner also highlighted that WAST had undertaken escalation procedures which had not previously been taken. At the Demand Management Plan (DMP) levels 5 and 6 this had led to people in communities who would have normally received an ambulance response being left to make their own arrangements. These decisions had been reviewed and at the time no other actions were available. However, Members noted the opportunities for learning and creating a system where escalation processes across the system, working with the operational delivery unit, might assist in avoiding such drastic action needing to be taken.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the WAST provider report. 	
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Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT	ACTION
<p>EASC 21/10</p> <p>EASC ANNUAL PLAN & COMMISSIONING INTENTIONS</p> <p>The EASC Annual Plan and Commissioning Intentions was received. In presenting the report, Ross Whitehead explained that the Annual Plan was shorter than usual to meet the expectations of the Welsh Government and focussed on EASC activities only.</p> <p>Members noted the intention to focus on three areas in alignment with health boards' resetting:</p> <ol style="list-style-type: none"> 1. Focus on commissioned services 2. Transformational work programmes 3. Develop the commissioning cycle more fully <p>Members noted that the Annual Plan and Commissioning Intentions had been discussed at the EASC Management Group and the guiding principles agreed included:</p> <ul style="list-style-type: none"> • Intentions will be at the strategic level and will be extant for a minimum of 3 years • Collaborative priorities ie WAST, HBs and EASC Team will be agreed annually for each intention • They will focus on delivery and outcomes • Each intention will have annually agreed aims, product or indicator or a combination of these. • They will recognise the challenges of resetting in post-Covid environment and the opportunities to fast track service transformation • They will not replace or override extant requirements within the commissioning framework or statutory targets or requirements. <p>Ross Whitehead explained that for emergency medical services the commissioning intentions included:</p> <ul style="list-style-type: none"> • seizing the opportunities afforded by the Welsh Clinical Response Model and the 5 Step EMS Ambulance Pathway. • optimising the availability and flexibility of front line resources to meet demand. • maximising productivity from resources and demonstrate continuous improvement. • developing a value-based approach to service commissioning and delivery which enables an equitable, sustainable and transparent use of resources to achieve better outcomes for patients. • collaborating to reduce and prevent harm, and improve quality of service and outcomes for patients. • collaboratively developing and delivering services that allow the ambulance service to contribute to the wider health system. 	

	<p>For NEPTS and Emergency Medical Retrieval and Transfer Service (EMRTS), a slightly different approach was taken as both services were in a transition period and would need time to consolidate the major service changes. The EMRTS expansion work would also include the development of the Critical Care Transfer Service for Wales. A Task and Finish group had been developed working towards the service going live later in the year.</p> <p>Members asked about the 111 Service Programme and Contact First which were more specifically mentioned within the WAST plan. Members discussed that the Committee was not currently responsible for commissioning these services under the Statutory Establishment Order for the EAS Joint Committee. Members were aware of the increasing symbiosis of the 999 service and the 111 Service Programme. The 111 Service Programme Board was also considering the right governance arrangements to avoid duplication. Stephen Harrhy explained that plans were in place to meet with the Programme Director of the 111 Service and WAST to discuss how progress could take place and would advise EASC and the 111 Programme Board in due course.</p> <p>Jo Whitehead shared some reflections on being new in NHS Wales; recent induction meetings and the potential of developing a modern ambulance service and increasing the roles of staff groups such as paramedics and diversifying health care control rooms to support patients before they fail. Jo Whitehead also raised the opportunity for real change to blur primary, community, secondary, tertiary and ambulance service care lines and whether more opportunity for additional transformational service development could be included in the plan and intentions.</p> <p>Members noted the work of the Ministerial Ambulance Availability Taskforce and the need to consolidate ambition which would be a helpful discussion at a future meeting as a 'Focus on' session.</p> <p>The finance section of the Annual Plan was discussed including the requirement of the recurrent funding commitment from last year to support WAST in recruiting the additional 136wte staff to close the relief gap. Other provisions for non-recurrent funding was discussed as well as recognising the commitment from ABUHB to fund the service changes associated with the new Grange University Hospital. There were no additional resource expectations for the NEPT service within the plan.</p>	<p>CASC</p> <p>Chair</p>
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<p>The EMRT service had been allocated funding to establish the Critical Care Service (£1.7m) as well as funding to support the Major Trauma Network. Members noted that the expectations of WAST regarding the requirement in the demand and capacity review for efficiency changes, roster reviews, reduction of post-production hours lost has been clarified. In summary, the non-recurrent finance element approved last year for both WAST and EMRTS would be recurrent if the plan was approved. Any funding in year would need to demonstrate the additional numbers of staff recruited in line with the demand and capacity plans.</p> <p>Members noted that the financial schedules (at beginning of February) had been shared with the deputy directors of finance as well as at the EASC Management Group.</p> <p>The Ministerial Ambulance Availability Taskforce had been tasked by the Minister to describe a modern ambulance service and it was likely that further work groups would be established to contribute to the ongoing work with opportunities for support from all parts of the system. The work to deliver the plans for the major trauma network were also continuing with specific elements related to training.</p> <p>Jason Killens offered to present personal views and the views of WAST in relation to what a modern ambulance service could offer and Members felt it would be helpful as there were significant opportunities to ensuring the best possible service for Wales; it would also be important to share that understanding at the Joint Committee. It was agreed that Jason Killens would present at the next Committee meeting in the Focus on session (Added to the Forward Look).</p> <p>The new Critical Care Transfer Service was also discussed as this would be the first time that Wales would have a dedicated service available. Members noted that it was a slightly different model across Wales but it would provide equity of access. The work to progress the national transfer and discharge service would also be undertaken in the financial year which would also capture inter hospital service transfers and service transformation in health boards. The EASC Management Group had suggested that a 3-year commissioning cycle would be beneficial to the system and therefore the work to develop next year's plans would start during the summer for discussion and collaborative working.</p> <p>Members discussed where plans for the 111 Service and Contact First would be approved (as outside the EASC responsibilities).</p>	<p>Chair</p> <p>CEO WAST</p>
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	<p>Members noted the current position that the 111 Service reported through its Programme Board and the Contact First reported through to the National Programme for Urgent and Emergency Care. Members felt it would be helpful that the processes could be simplified and noted that the EASC Joint Committee could provide strong governance for these services.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the EASC Annual Plan and • APPROVE the Commissioning Intentions. 	
EASC 21/11	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) DRAFT INTEGRATED MEDIUM TERM PLAN (IMTP)</p> <p>The draft WAST IMTP was received. In presenting the plan, Jason Killens highlighted the overarching (current draft) summary position including:</p> <ul style="list-style-type: none"> • The plan built on previous plans • Recognises the EMS 999 service and also the front end of the 111 service (through the programme board) • Recognised that this was a 3 year plan although Welsh Government only asked for an annual plan • Demand and Capacity review investment and efficiencies to be made; increasing hear and treat rate <p>Next 12 months</p> <ul style="list-style-type: none"> • Call handling (111 roll out – BCUHB in June and CVUHB will be the last health board to come on line) • Implement new SALUS system – national system for 111 in the summer (Plans for CVUHB could be brought forward after the new system is implemented if required) • More call handlers and clinicians and investing in senior clinicians in 111 to develop options for patients • Digital options and offers to be developed – including video assessments with clinical staff (begin to defray as much activity with a digital offer) • WAST expect 111 and 999 services to come together as a clinical service and work through how this may look in the future • Demand and capacity – appointing a further 127 staff to close relief gap and concurrently the efficiency work – will involve changing rosters • Electronic patient clinical record; will improve data collection and accessibility and connection of data sets which will inform decision making • Respiratory and other pathways • NEPTS – national footprint for the first time 	

	<p>Additional offers could include (if commissioned)</p> <ul style="list-style-type: none"> • Recruit a further 50 paramedics • More staff through advanced practice (20 in September) • Implement 'Beyond the Call,' responding with specialist clinicians and a level 2 full service nationally. <p>Members noted that additional information would be developed to provide a sense of what might be achieved on performance into the final version of the IMTP. The model for rural areas was also of interest to Members and further work would take place to discuss improving services.</p> <p>Members suggested that further conversations regarding the additional offers could take place at the Chief Operating Officers meeting or with separate health boards although economies of scale was an important consideration.</p> <p>Other options could also be considered although taking a national 'Once for Wales' approach would be helpful. Members noted that additional staff could be recruited and understood the capacity for next year would be sensible and helpful for plans for next year. The extended training course for paramedics in the year after next would lead to a reduced number of new paramedics available at that point. The training capacity was finite and it would be helpful to clarify how this could work across Wales particularly for urgent and emergency care settings.</p> <p>The Chair raised the issue of red and amber performance and the expectation of the public to receive a timely service as well as understanding how the service needed to change going forward and communicating and engaging the changes with the public. Ensuring the core service delivers would be key to providing other options for a modern ambulance service.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • SUPPORT the draft WAST IMTP. • NOTE the IMTP was consistent with the EASC Annual Plan and financial assumptions are similar • NOTE issues relating to the 111 service and the governance routes • APPROVE the Chair and CASC sign off the plan at the appropriate time before submission to the Welsh Government. 	<p>Chair and CASC</p>
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EASC 21/12	<p>FINANCE REPORT</p> <p>The EASC Finance Report was received.</p> <p>Members noted the stable position, 100% balanced plan. There were no anticipated difficulties to complete the finance report at year end.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE and NOTE the report. 	Director of Finance
EASC 21/13	<p>EASC SUB GROUP MINUTES</p> <p>Members received the confirmed minutes of the EASC Sub Groups as follows:</p> <ul style="list-style-type: none"> • EASC Management Group - 22 October and 18 December 2020 • EMRTS Delivery Assurance Group – 10 Dec 2020 • NEPTS Delivery Assurance Group – 27 Oct 2020 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	CASC
EASC 21/14	<p>EASC GOVERNANCE INCLUDING THE RISK REGISTER</p> <p>The EASC Governance report was received. In presenting the report Gwenan Roberts explained that the Annual Report would be presented at the next meeting and this would include the effectiveness survey.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • The temporary changes to the model Standing Orders in line with the Welsh Health Circular 2020/11 would revert to the original Standing Orders on 31 March 2021. • The EASC Directions and Regulations • The Risk Register which had been received at the EASC Management Group • The EASC Sub Group membership had been clarified for all health boards • Plans to improve public access to Committee meetings in line with health boards. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the plans to complete the Effectiveness Survey at the next meeting • APPROVE the Model Standing Orders for EASC noting the changes following the completion of the Welsh Health Circular 2020/011 on 31 March 2021 • NOTE that all health boards need to review the representatives at the Sub Groups 	CASC

	<ul style="list-style-type: none"> • NOTE the governance arrangements for the EASC • APPROVE the risk register. 	
EASC 21/15	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. The next Focus On session would be the 'modern ambulance service'.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the Forward Plan. 	Chair
Part 4. OTHER MATTERS		ACTION
EASC 21/16	<p>ANY OTHER BUSINESS</p> <p>There was none.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 21/17	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 11 May 2021 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed

Christopher Turner (Chair)

Date



**CYFARFOD Y PWYLLGOR
GWASANAETHAU AMBIWLANS BRYs**

**COFNODION 'WEDI EU CADARNHAU' O'R CYFARFOD A
GYNHALIWYD AR
9 MAWRTH 2021 AM 13:30
AR LEIN TRWY MICROSOFT TEAMS**

YN BRESENNOL

Aelodau:	
Chris Turner	Cadeirydd Annibynnol
Stephen Harrhy	Prif Gomisiynydd Gwasanaethau Ambiwylans (CASC)
Glyn Jones	Dirprwy Brif Weithredwr, Bwrdd Iechyd Prifysgol Aneurin Bevan
Jamie Marchant	Cyfarwyddwr Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl, Bwrdd Iechyd Addysgu Powys
Jo Whitehead	Prif Weithredwr, BIP Betsi Cadwaladr
Paul Mears	Prif Weithredwr, BIP Cwm Taf Morgannwg
Sian Harrop-Griffiths	Cyfarwyddwr Cynllunio, BIP Bae Abertawe
Len Richards	Prif Weithredwr, BIP Caerdydd a'r Fro
Eraill yn Bresennol:	
Jason Killens	Prif Weithredwr, Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru
Stuart Davies	Cyfarwyddwr Cyllid, Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru a Chydbwyllgor EAS
Ross Whitehead	Cyfarwyddwr Cynorthwyol Ansawdd a Phrofiad Cleifion, yr Uned Gomisiynu Cydweithredol Genedlaethol (NCCU)
Ricky Thomas	Pennaeth Gwybodeg, yr Uned Comisiynu Cydweithredol Genedlaethol (NCCU)
Rachel Marsh	Cyfarwyddwr Cynllunio, Strategaeth a Pherfformiad, Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru
Gwenan Roberts	Ysgrifennydd y Pwyllgor, yr Uned Gomisiynu Cydweithredol Genedlaethol

Rhan 1. MATERION RHAGARWEINIOL		CAM GWEITHREDU
EASC 21/01	CROESO A CHYFLWYNIADAU Croesawodd Chris Turner (Cadeirydd) Aelodau i gyfarfod ar lein (gan ddefnyddio Microsoft Teams) o'r Pwyllgor Gwasanaethau Ambiwylans Brys. Croesawyd Jo Whitehead i'r cyfarfod. Roedd y cyfarfod ym mis Ionawr 2021 wedi'i ganslo oherwydd y pwysau gweithredol yn gysylltiedig â phandemig y Coronafeirws.	Cadeirydd

EASC 21/02	<p>YMDDIHEURIADAU ABSENOLDEB</p> <p>Derbyniwyd ymddiheuriadau am absenoldeb gan Judith Paget, Carol Shillabeer, Steve Moore, Andrew Carruthers a Mark Hackett.</p>	Cadeirydd
EASC 21/03	<p>DATGANIADAU O FUDDIANNAU</p> <p>1.3 Ni ddatganwyd unrhyw fuddiannau ychwanegol ar wahân i'r rhai a ddatganwyd eisoes</p>	Cadeirydd
EASC 21/04	<p>COFNODION Y CYFARFOD A GYNHALIWDYD AR 10 TACHWEDD 2020</p> <p>Cadarnhawyd bod y cofnodion yn gofnod cywir o gyfarfod y Pwyllgor Gwasanaethau Brys (Pwyllgor EAS) a gynhaliwyd ar 10 Medi 2020.</p> <p>PENDERFYNODD aelodau:</p> <ul style="list-style-type: none"> • GYMERADWYO cofnodion y cyfarfod a gynhaliwyd ar 10 Tachwedd 2020. 	Cadeirydd
EASC 21/05	<p>COFNODION GWEITHREDU</p> <p>DERBYNIODD yr Aelodau y cofnodion gweithredu a NODWYD cynnydd penodol fel a ganlyn:</p> <p>EASC 20/45 a 20/57 Dysgu gwersi o weithio mewn pandemig</p> <p>Cadarnhaodd Jason Killens fod gwybodaeth wedi dod i law yng nghyfarfod Bwrdd Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru (WAST) ac y byddai'n cael ei chylchredeg gyda chofnodion y cyfarfod.</p> <p>EASC 20/70 CASC fel Cyd-gadeirydd Grŵp Gorchwyl a Gorffen</p> <p>Nododd yr Aelodau y gwaith sy'n mynd rhagddo gyda'r Gwasanaethau Tân ac Achub mewn perthynas â'u gwaith fel ymatebwyr cyntaf. Esboniodd Stephen Harrhy fod y gwaith o ddiddordeb Gweinidogol hefyd. Nododd yr aelodau dri maes oedd o ddiddordeb; ymateb i gympwiadau lle na chafwyd anaf yn unol â chynlluniau lleol; atal cwympiadau a gwirio cartrefi (tebyg i gamau i atal tanau) a gweithio gyda WAST i roi cefnogaeth uniongyrchol mewn rôl ymatebydd cyntaf lle mai amser oedd bwysicaf. Nododd yr aelodau fod cefnogaeth gyffredinol i hyn ac y byddai'r adroddiad diweddarar diweddaraf yn cael ei gylchredeg gyda chofnodion y cyfarfod.</p>	<p>PRIF WEITHREDWR WAST</p> <p>CASC</p>

	<p>EASC 20/74 Digwyddiadau Niweidiol Difrifol Rhoddodd Jason Killens y wybodaeth ddiweddaraf am y sefyllfa o ran Digwyddiadau Niweidiol Difrifol a meincnodi sefyllfa WAST, ac am rai materion wrth gasglu gwybodaeth. Byddai adroddiad pellach yn cael ei roi gerbron y cyfarfod nesaf. Roedd gwybodaeth bellach am Ddigwyddiadau Niweidiol Difrifol yn cael ei rhannu trwy'r Grŵp Cyfarwyddwyr Nyrso ledled Cymru hefyd.</p> <p>EASC 20/74 Hysbysiadau Gwella gan y Weithrediaeth Iechyd a Diogelwch ynghylch offer amddiffyn personol Esboniodd Jason Killens fod llythyr wedi'i anfon at Brif Weithredwyr yn ystod haf 2020 i egluro'r sefyllfa. Nododd yr aelodau fod faint o amser yr oedd staff WAST yn ei dreulio mewn PPE yn dal i fod yn broblem i'r Weithrediaeth Iechyd a Diogelwch, er bod y pryder hwnnw wrthi'n cael ei liniaru. Caewyd y cam gweithredu hwn.</p> <p>EASC 20/74 Rhestr drosolwg i fynd i'r afael â pherfformiad Nododd yr aelodau y byddai Grŵp Rheoli Pwyllgor EAS yn trafod y mater hwn yn ei gyfarfod nesaf ac yn adrodd yn ôl.</p> <p>EASC 20/93 Tu Hwnt i'r Alwad Nododd aelodau fod y ddogfen Tu Hwnt i'r Alwad - yr Adolygiad Cenedlaethol o Fynediad at Wasanaethau Brys i'r Rheiny Sy'n Profi Pryderon Iechyd Meddwl a/neu Lesiant bellach ar gael wefan Pwyllgor EAS: https://nccu.nhs.wales/qais/btc/</p> <p>Capasiti Gaeaf y Gwasanaeth Cludo Cleifion Mewn Achosion Nad Ydynt yn Rhai Brys (NEPTS) Nododd yr aelodau y cyllid canolog a ddarparwyd ar gyfer y gaeaf, a chytunwyd bod hwn yn adroddiad cadarnhaol. Caewyd y pwynt gweithredu hwn.</p> <p>EASC 20/95 Carfannu cleifion yn ddiogel Nododd yr aelodau amrywiaeth y gwaith ar y gweill i leihau oedi wrth drosglwyddo cleifion. Roedd darparu capasiti ychwanegol yn allweddol ledled GIG Cymru, ac roedd nifer o fentrau'n mynd rhagddynt a fyddai'n cael eu monitro trwy Grŵp Rheoli Pwyllgor EAS ac a fyddai'n cael eu hadrodd yn ôl mewn cyfarfod yn y dyfodol.</p> <p>Uned Cyflenwi Gweithredol Pwyllgor EAS 20/95 Roedd yr aelodau'n ymwybodol bod yr Uned Cyflenwi Gweithredol ar waith a'i bod yn rhan o Gyfarfod y Prif Swyddogion Gweithredol lle byddai'r gwaith ar uwchgyfeirio hefyd yn bwysig i'w swyddogaeth.</p>	<p>PRIF WEITHREDWR WAST</p> <p>CASC</p> <p>CASC</p> <p>PRIF WEITHREDWR WAST</p>
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	<p>Byddai adroddiad yn cael ei ddarparu yng nghyfarfod nesaf y Prif Swyddogion Gweithredol, a byddai diweddariad pellach yn cael ei ddarparu mewn cyfarfod yn y dyfodol. (Ymunodd Len Richards â'r cyfarfod)</p> <p>EASC 20/95 Gwybodaeth Nododd yr aelodau fod y gwaith hwn yn gysylltiedig â datblygu dangosfwrdd. Byddai'r gwaith hwn hefyd yn caniatáu i'r Byrddau Iechyd gynllunio gwasanaethau yn well trwy weithio mewn partneriaeth â WAST i reoli'r galw mewn amser real. Y nod oedd gweithio gyda Byrddau Iechyd a Llywodraeth Cymru i integreiddio gwaith sydd ar y gweill. Byddai diweddariad pellach yn cael ei ddarparu mewn cyfarfod yn y dyfodol.</p> <p>EASC 20/95 Colli oriau ar ôl dechrau sifft Esboniodd Jason Killens fod sgysiau wedi eu cynnal â chydweithwyr yn yr undebau llafur a staff am yr agenda foderneiddio. Byddai adroddiad pellach yn cael ei ddarparu yn adroddiad WAST yn y cyfarfod nesaf.</p> <p>Argymhellodd y Cadeirydd y dylid aildrefnu'r Cofnodion Gweithredu fel bod y materion mwyaf diweddar yn dod yn gyntaf, a chytunwyd i wneud hynny.</p> <p>PENDERFYNODD aelodau: <ul style="list-style-type: none"> • NODI'R Cofnodion Gweithredu. </p>	<p>CASC</p> <p>PRIF WEITHREDWR WAST</p> <p>Ysg. y Pwyll.</p>
EASC 21/06	<p>MATERION SY'N CODI</p> <p>Ni chodwyd unrhyw faterion eraill.</p>	
EASC 21/07	<p>ADRODDIAD Y CADEIRYDD</p> <p>Derbyniwyd adroddiad y Cadeirydd. Nododd yr aelodau y cyfarfodydd yr oedd y Cadeirydd yn eu mynychu a bod gwaith y grwpiau i gyd yn gorgyffwrdd ac yn croesi ffiniau. Roedd y Rhaglen Gofal Brys ac Argyfwng yn newid a byddai hyn yn effeithio ar waith y Pwyllgor. Cyfeiriwyd at y sefyllfa gymhleth yn 'Cymru Iachach' ac roedd yr Aelodau'n teimlo bod angen mwy o waith i symleiddio'r system yng Nghymru. Nododd yr aelodau hefyd amcanion y Cadeirydd a osodwyd gan y Gweinidog.</p> <p>PENDERFYNODD Aelodau: <ul style="list-style-type: none"> • NODI adroddiad y Cadeirydd. </p>	

Rhan 2. EITEMAU I'W TRAFOD		CAM GWEITHREDU
EASC 21/08	<p>ADRODDIAD PRIF GOMISIYNYDD GWASANAETHAU AMBIWLANS</p> <p>Derbyniwyd adroddiad Prif Gomisiynydd Gwasanaethau Ambiwylans (CASC). Wrth gyflwyno'r adroddiad, tynnodd Stephen Harrhy sylw at yr eitemau allweddol canlynol:</p> <ul style="list-style-type: none"> Tasglu Argaeledd Ambiwylansys y Gweinidog Nododd yr aelodau fod yr Adroddiad Dros Dro wedi cael cefnogaeth unfrydol gan Aelodau'r Tasglu a'i fod wedi ei gyflwyno i'r Gweinidog. Byddai'r adroddiad yn cael ei rannu â'r Aelodau ar ôl iddo gael ei glirio trwy brosesau Llywodraeth Cymru. Nod y Tasglu oedd gweithio mewn ffordd gydweithredol gyda Pwyllgor EAS. Un o'r prif nodau fyddai datblygu gweledigaeth am sut mae gwasanaeth ambiwlans modern yn edrych, a chroesawodd yr Aelodau gyfle i gael trafodaeth fanwl mewn cyfarfod yn y dyfodol. Hysbyswyd yr aelodau am wefan ddiogel a ddatblygwyd i rannu gwybodaeth â'r Tasglu, a byddai aelodau Pwyllgor EAS hefyd yn cael eu gwahodd i weld y wybodaeth a ddarperir. Y Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS) Hysbyswyd yr aelodau bod cyrchu cyllid cyfalaf wedi bod yn broblem i'r gwasanaeth o ran eu cynlluniau ehangu, ond bod hyn bellach wedi'i ddatrys. Cytunodd Stephen Harrhy i drafod yr arian cyfalaf â Sian Harrop-Griffiths (BIP Bae Abertawe) y tu allan i'r cyfarfod. Gwasanaeth Cludo Cleifion Mewn Achosion Nad Ydynt yn Rhai Brys (NEPTS) Nododd yr aelodau fod y gwaith o gyflwyno'r gwasanaeth bron wedi ei gwblhau; byddai'r ddau Fwrdd Iechyd olaf yn cwblhau'r trosglwyddiad yn fuan, a diolchodd y CASC i'r Aelodau am eu cefnogaeth wrth fwrw ymlaen â'r mater hwn. Y Fframwaith Gwasanaethau Meddygol Brys Nododd yr aelodau fod y Fframwaith hwn wedi'i adnewyddu. Roedd y fersiwn a gynhyrchwyd yn llai technegol na fersiynau blaenorol, ond roedd cysylltiad o hyd â'r safonau gofal a'r gofynion craidd. Roedd ffocws cryfach fodd bynnag ar ganlyniadau ac allbynnau, sef newid a groesawyd gan yr Aelodau. Nid oedd unrhyw faterion penodol i'w codi ac roedd y fframwaith wedi'i drafod yng Ngrŵp Rheoli Pwyllgor EAS. Nododd yr aelodau y byddai angen nifer fach o welliannau (er nad oeddent yn debygol o fod yn rhai sylweddol), a chytunodd yr Aelodau fod y Cadeirydd yn eu cymeradwyo. 	<p>CASC</p> <p>CASC / Cyfarwyddwr Cyllid</p>

	<p>Diolchodd y Cadeirydd i Stephen Harrhy am ei adroddiad a PHENDERFYNODD yr Aelodau:</p> <ul style="list-style-type: none"> • NODI adroddiad Prif Gomisiynydd Gwasanaethau Ambiwylans (CASC) • CYTUNO bod y Cadeirydd a'r CASC yn cwblhau'r Fframwaith EMS (ar yr amod na nodir unrhyw faterion o bwys) ar gyfer 2021-22. 	CASC / Cadeirydd
EASC 21/09	<p>ADRODDIAD DARPARWR YMDDIRIEDOLAETH GIG GWASANAETHAU AMBIWLANS CYMRU (WAST)</p> <p>Derbyniwyd yr adroddiad diweddarau gan Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru (WAST). Nododd yr Aelodau y canlynol:</p> <ul style="list-style-type: none"> • Pandemig Covid Roedd WAST wedi gallu mynd i lawr o REAP3 (Polisi Gweithredu ar gyfer Uwchgyfeirio Adnoddau) i REAP2, a byddai cymorth ychwanegol a gafwyd, er enghraifft gan y fyddin, yn dod i ben erbyn diwedd mis Mawrth. • Roedd gwaith wedi cychwyn i ailosod y criwiau fel y gallant ddychwelyd i'w ffurf cyn y pandemig, ac roedd gwaith hefyd ar y gweill i nodi unrhyw wersi a ddysgwyd o'r ail don. • Perfformiad Coch Nododd yr aelodau fod perfformiad coch wedi gwaethygu ers mis Rhagfyr (a oedd wedi bod yn heriol iawn); 64% oedd y ganran ar ddiwedd y mis blaenorol (Chwefror). • Oedi Roedd amseroedd aros cleifion a'r pwysau yn y system oherwydd yr ail don wedi arwain at amseroedd aros am ambiwlans oedd yn annerbyniol. Nododd yr aelodau i gynnydd gael ei weld mewn digwyddiadau niweidiol difrifol yn ymwneud ag amseroedd aros. Dyma hefyd brofiad gwasanaethau ambiwlans eraill ledled y DU o ran yr effaith ar gymunedau. O ran digwyddiadau yn y gymuned, nododd yr Aelodau fod ymchwiliadau i hyn ar y cyd rhwng WAST a'r Byrddau Iechyd. • Y Gwasanaeth Cludo Cleifion Mewn Achosion Nad Ydynt yn Rhai Brys (NEPTS) Roedd dau Fwrdd Iechyd arall ar fin mewid i'r model cenedlaethol gyda dim ond un Bwrdd Iechyd arall eto i drosglwyddo. 	

	<ul style="list-style-type: none"> Newidiadau mewn Byrddau Iechyd <p>Nododd yr Aelodau effaith newidiadau yng ngwasanaethau'r Byrddau Iechyd ar WAST, a nodwyd ei bod yn bwysig dysgu gwersi. Roedd recriwtio wedi mynd rhagddo, sef swyddi oedd yn ychwanegol at y 136 staff CALI, ar gyfer y newidiadau yng ngwasanaethau BIP Aneurin Bevan.</p> <p>Diolchodd y Cadeirydd i'r Aelodau mewn perthynas â'r gwaith a wnaed i drosglwyddo gwasanaethau NEPT i WAST.</p> <p>Amlygodd y Prif Gomisiynydd Gwasanaethau Ambiwlans (CASC) hefyd fod WAST wedi dilyn gweithdrefnau uwchgyfeirio na chawsant eu dilyn o'r blaen. Ar lefelau 5 a 6 y Cynllun Rheoli Galw (DMP), roedd hyn wedi golygu bod pobl mewn cymunedau, a fyddai fel arfer wedi derbyn ymateb ar ffurf ambiwlans, wedi gorfod gwneud eu trefniadau eu hunain. Roedd y penderfyniadau hyn wedi'u hadolygu ac ar y pryd nid oedd yn bosibl cymryd unrhyw gamau eraill. Fodd bynnag, nododd yr Aelodau y cyfleoedd i ddysgu ac i greu system lle gallai prosesau uwchgyfeirio ar draws y system, gan weithio gyda'r uned gyflawni weithredol, helpu i osgoi'r angen i gymryd camau mor ddifrifol.</p> <p>PENDERFYNODD yr Aelodau:</p> <ul style="list-style-type: none"> NODI adroddiad darparwr WAST. 	
Rhan 3. EITEMAU I'W CYMERADWYO NEU EU CEFNOGI		CAM GWEITHREDU
EASC 21/10	<p>CYNLLUN BLYNYDDOL A BWRIADAU COMISIYNU PWYLLGOR EAS</p> <p>Derbyniwyd Cynllun Blynyddol a Bwriadau Comisiynu Pwyllgor EAS. Wrth gyflwyno'r adroddiad, eglurodd Ross Whitehead fod y Cynllun Blynyddol yn fyrrach na'r arfer er mwyn bodloni disgwyliadau Llywodraeth Cymru, a'i fod yn canolbwyntio ar weithgareddau Pwyllgor EAS yn unig.</p> <p>Nododd yr aelodau y bwriad i ganolbwyntio ar dri maes i gyd-fynd â gwaith y Byrddau Iechyd wrth ailgychwyn gwasanaethau.</p> <ol style="list-style-type: none"> 1. Canolbwyntio ar wasanaethau a gomisiynwyd 2. Rhaglenni gwaith trawsnewidiol 3. Datblygu'r cylch comisiynu yn helaethach <p>Nododd yr aelodau fod y Cynllun Blynyddol a'r Bwriadau Comisiynu wedi'u trafod yng Ngrŵp Rheoli Pwyllgor EAS ac ymhlith yr egwyddorion arweiniol y cytunwyd arnynt yr oedd:</p> <ul style="list-style-type: none"> • Bydd bwriadau ar lefel strategol a byddant yn bodoli am o leiaf 3 blynedd 	

	<ul style="list-style-type: none"> • Bydd blaenoriaethau cydweithredol yn cael eu cytuno bob blwyddyn ar gyfer pob bwriad h.y. WAST, Byrddau Iechyd a Thîm Pwyllgor EAS • Byddant yn canolbwyntio ar gyflawni a chanlyniadau • Bydd gan bob bwriad nodau, allbwn neu ddangosydd y cytunwyd arnynt yn flynyddol, neu gyfuniad o'r rhain. • Byddant yn cydnabod yr heriau wrth ailgychwyn gwasanaethau yn dilyn Covid a'r cyfleoedd i drawsnewid gwasanaethau yn gyflym • Ni fyddant yn disodli nac yn diystyru gofynion sy'n bodoli eisoes o fewn y fframwaith comisiynu, na thargedau neu ofynion statudol. <p>Esboniodd Ross Whitehead fod y bwriadau comisiynu yn cynnwys:</p> <ul style="list-style-type: none"> • bachu ar y cyfleoedd ar gynnig gan fodel Ymateb Clinigol Cymru a Llwybr Ambiwylans 5 Cam EMS. • gwneud y gorau o argaeledd a hyblygrwydd adnoddau rheng flaen i ateb y galw • sicrhau'r cynhyrchedd uchaf posibl gan adnoddau a gwella'n barhaus • datblygu dull o gomisiynu a darparu gwasanaethau seiliedig ar werth sy'n hwyluso defnydd teg, cynaliadwy a thryloyw o adnoddau, er mwyn sicrhau canlyniadau gwell i gleifion. • cydweithredu i leihau ac atal niwed, a gwella ansawdd gwasanaethau a chanlyniadau i gleifion. • datblygu a darparu gwasanaethau ar y cyd sy'n caniatáu i'r gwasanaeth ambiwlans gyfrannu at y system iechyd ehangach. <p>Ar gyfer NEPTS a'r Gwasanaeth Adalw a Throsglwyddo Meddygol Brys (EMRTS), cymerwyd dull ychydig yn wahanol gan fod y ddau wasanaeth mewn cyfnod trosglwyddo a byddai angen amser arnynt i wreiddio newidiadau mawr i wasanaethau. Byddai gwaith ehangu EMRTS hefyd yn cynnwys datblygu Gwasanaeth Trosglwyddo Gofal Critigol i Gymru. Datblygwyd grŵp Tasg a Gorffen i weithio tuag at greu'r gwasanaeth a fyddai'n cael ei lansio yn ddiweddarach yn y flwyddyn.</p> <p>Gofynnodd yr aelodau am y Rhaglen Gwasanaeth 111 a Cysylltu'n Gyntaf a grybwyllwyd yn fwy penodol yng nghynllun WAST. Trafododd yr aelodau y ffaith nad oedd y Pwyllgor ar hyn o bryd yn gyfrifol am gomisiynu'r gwasanaethau hyn o dan y Gorchymyn Sefydlu Statudol ar gyfer Pwyllgor EAS. Roedd yr aelodau'n ymwybodol o'r symbiosis oedd yn mynd yn gryfach rhwng gwasanaeth 999 a Rhaglen Gwasanaeth 111.</p>	<p>CASC</p>
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	<p>Roedd Bwrdd Rhaglen Gwasanaeth 111 hefyd yn ystyried y trefniadau llywodraethu cywir i osgoi dyblygu. Esboniodd Stephen Harrhy fod cynlluniau ar waith i gwrdd â Chyfarwyddwr Rhaglen Gwasanaeth 111 a WAST i drafod sut y gellid gwneud cynnydd, ac y byddai'n cynghori Cyd-bwllgor EAS a Bwrdd Rhaglen 111 maes o law.</p> <p>Rhannodd Jo Whitehead ei meddyliau am fod yn newydd i GIG Cymru, am gyfarfodydd ymsefydlu diweddar a'r potensial i ddatblygu gwasanaeth ambiwlans modern, ynghyd ag ehangu rolau grwpiau staff fel parafeddygon ac ehangu rolau ystafelloedd rheoli gofal iechyd i gefnogi cleifion cyn iddynt fethu. Cododd Jo Whitehead y cyfle hefyd ar gyfer newid go iawn yn y berthynas rhwng gofal sylfaenol, cymunedol, eilaidd, trydyddol a'r gwasanaeth ambiwlans, ac a oedd yna gyfle i ddatblygu gwasanaeth trawsnewidiol ychwanegol yn y cynllun a'r bwriadau.</p> <p>Nododd yr aelodau waith y Tasglu Argaeledd Ambiwylans Gweinidogol a'r angen i gryfhau uchelgais, a fyddai hefyd yn drafodaeth ddefnyddiol mewn cyfarfod yn y dyfodol yn rhan o sesiwn 'Ffocws'.</p> <p>Trafodwyd adran gyllid y Cynllun Blynnyddol, gan gynnwys gofyniad yr ymrwymiad cyllid rheolaidd o'r llynedd i gefnogi WAST i recriwtio 136 aelod o staff CALI ychwanegol i ateb y galw am y gwasanaeth. Trafodwyd darpariaethau eraill ar gyfer cyllid anghylchol yn ogystal â chydabod ymrwymiad BIP Aneurin Bevan i ariannu'r newidiadau gwasanaeth sy'n gysylltiedig ag Ysbyty Prifysgol y Faenor. Nid oedd unrhyw ddisgwyliadau o ran adnoddau ychwanegol i wasanaeth NEPT yn y cynllun.</p> <p>Dyrannwyd cyllid i'r gwasanaeth EMRT i sefydlu'r Gwasanaeth Gofal Critigol (£ 1.7m) yn ogystal â chyllid i gefnogi'r Rhwydwaith Trawma Mawr. Nododd yr aelodau fod disgwyliadau WAST o ran yr adolygiad galw a chapasiti ar gyfer newidiadau effeithlonrwydd, adolygiadau o amserlenni sifftiau, a lleihau oriau a gollir ar ôl i sifftiau ddechrau ,wedi cael eu hegluro. I grynhoi, byddai'r elfen o gyllid anghylchol a gymeradwywyd y llynedd ar gyfer WAST ac EMRTS yn troi'n gyllid cylchol pe bai'r cynllun yn cael ei gymeradwyo. Byddai angen i unrhyw gyllid yn ystod y flwyddyn adlewyrchu'r niferoedd ychwanegol o staff sy'n cael eu recriwtio yn unol â'r cynlluniau galw a chapasiti.</p> <p>Nododd yr aelodau fod yr atodlenni ariannol (ar ddechrau mis Chwefror) wedi'u rhannu â'r dirprwy gyfarwyddwyr cyllid yn ogystal â Grŵp Rheoli Pwyllgor EAS.</p>	<p>Cadeirydd</p>
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	<p>Roedd y Gweinidog wedi gofyn i'r Tasglu Argaeledd Ambiwylans Gweinidogol ddisgrifio gwasanaeth ambiwlans modern ac roedd yn debygol y byddai gweithgorau pellach yn cael eu sefydlu i gyfrannu at y gwaith parhaus gyda chyfleoedd i gael cefnogaeth gan bob rhan o'r system. Roedd y gwaith i gyflawni'r cynlluniau ar gyfer y rhwydwaith trawma mawr hefyd yn parhau gydag elfennau penodol yn ymwneud â hyfforddiant.</p> <p>Cynigiodd Jason Killens rannu ei farn bersonol a barn WAST mewn perthynas â'r hyn y gallai gwasanaeth ambiwlans modern ei gynnig, ac roedd yr Aelodau'n teimlo y byddai hyn yn ddefnyddiol gan fod cyfleoedd mawr i sicrhau'r gwasanaeth gorau posibl i Gymru; byddai hefyd yn bwysig rhannu'r ddealltwriaeth honno yn y Pwyllgor. Cytunwyd y byddai Jason Killens yn bresennol yng nghyfarfod nesaf y Pwyllgor yn y sesiwn Ffocws (Wedi'i Ychwanegu at y Rhagolwg).</p> <p>Trafodwyd y Gwasanaeth Trosglwyddo Gofal Critigol newydd hefyd gan mai hwn fyddai'r tro cyntaf i Gymru gael gwasanaeth pwrpasol o'r fath. Nododd yr aelodau ei fod yn fodel ychydig yn wahanol ledled Cymru ond y byddai'r un model ar gael i bawb yr un fath. Byddai'r gwaith i fwrw ymlaen â'r gwasanaeth trosglwyddo a rhyddhau cenedlaethol yn mynd rhagddo hefyd yn y flwyddyn ariannol, a fyddai hefyd yn cynnwys trosglwyddiadau rhwng ysbytai a'r gwaith i drawsnewid gwasanaethau mewn Byrddau Iechyd. Roedd Grŵp Rheoli Pwyllgor EAS wedi argymhell y byddai cylch comisiynu 3 blynedd yn fuddiol i'r system ac felly byddai'r gwaith i ddatblygu cynlluniau'r flwyddyn nesaf yn dechrau yn ystod yr haf ar gyfer trafodaeth a chydweithio.</p> <p>Trafododd yr aelodau lle byddai cynlluniau ar gyfer y Gwasanaeth 111 a Cysylltu'n Gyntaf yn cael eu cymeradwyo (am nad ydynt yn gyfrifoldeb i Gyd-bwyllgor EAS). Nododd yr aelodau y sefyllfa bresennol sef bod y Gwasanaeth 111 yn adrodd trwy ei Fwrdd Rhaglen a bod Cysylltu'n Gyntaf yn adrodd trwy'r Rhaglen Genedlaethol ar gyfer Gofal Brys ac Argyfwng. Teimlai'r aelodau y byddai'n ddefnyddiol symleiddio'r prosesau, a nodasant y gallai'r Pwyllgor gynnig proses llywodraethu gryf i'r gwasanaethau hyn.</p> <p>PENDERFYNODD yr Aelodau:</p> <ul style="list-style-type: none"> • GYMERADWYO Cynllun Blynnyddol Pwyllgor EAS a • CHYMERADWYO'R Bwriadau Comisiynu. 	<p>Cadeirydd</p> <p>PRIF WEITHREDWR WAST</p>
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EASC 21/11	<p>CYNLLUN TYMOR CANOLIG DRAFFT (IMTP) YMDDIRIEDOLAETH GWASANAETHAU AMBIWLANS GIG CYMRU (WAST)</p> <p>Derbyniwyd IMTP drafft WAST. Wrth gyflwyno'r cynllun, amlygodd Jason Killens y sefyllfa gyffredinol yn gryno (o ran y drafft presennol) gan gynnwys:</p> <ul style="list-style-type: none"> • Roedd y cynllun yn adeiladu ar gynlluniau blaenorol • Roedd yn cydnabod gwasanaeth EMS 999 a hefyd y gwasanaeth 111 (trwy'r Bwrdd Rhaglen) • Roedd yn cydnabod mai cynllun 3 blynedd oedd hwn er bod Llywodraeth Cymru wedi gofyn am gynllun blynyddol yn unig • Adolygiad galw a chapasiti, buddsoddi a gwneud arbedion effeithlonrwydd; cynyddu'r gyfradd clywed a thrin 12 mis nesaf • Trin galwadau (cyflwyno gwasanaeth 111 - BIP Betsi Cadwaladr ym mis Mehefin a BIP Caerdydd a'r Fro fydd y ddau Fwrdd Iechyd olaf i ymuno â'r gwasanaeth). • Gweithredu system SALUS newydd yn yr haf- system genedlaethol ar gyfer 111 (Gellid dod â chynlluniau ar gyfer BIP Caerdydd a'r Fro yn eu blaen ar ôl i'r system newydd gael ei rhoi ar waith os oes angen) • Mwy o drinwyr galwadau a chlinigwyr, a buddsoddi mewn uwch-glinigwyr yn y gwasanaeth 111 i ddatblygu opsiynau i gleifion • Opsiynau a chynigion digidol i'w datblygu - gan gynnwys asesiadau fideo gyda staff clinigol (cynnig gwasanaethau digidol gymaint â phosibl) • Mae WAST yn disgwyl i wasanaethau 111 a 999 ddod at ei gilydd fel gwasanaeth clinigol a gweithio ar sut y gallai hyn edrych yn y dyfodol • Bydd gwaith galw a chapasiti - penodi 127 aelod arall o staff i ateb y galw, a'r gwaith effeithlonrwydd ar yr un pryd- yn golygu newid amserlenni • Cofnod clinigol cleifion electronig; bydd hyn yn gwella'r gwaith o gasglu data ac yn gwella hygyrchedd, a bydd yn gwella'r cysylltiad hefyd rhwng setiau data, a fydd yn llywio'r broses o wneud penderfyniadau • Llwybrau anadlol a llwybrau eraill • NEPTS - gwasanaeth cenedlaethol am y tro cyntaf <p>Gallai cynigion ychwanegol gynnwys (os cânt eu comisiynu)</p> <ul style="list-style-type: none"> • Recriwtio 50 o barafeddygon eraill • Mwy o staff yn gwneud ymarfer uwch (20 ym mis Medi) • Gweithredu 'Tu Hwnt i'r Alwad,' gan ymateb gyda chlinigwyr arbenigol a gwasanaeth llawn lefel 2 ledled y wlad. 	
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	<p>Nododd yr aelodau y byddai rhagor o wybodaeth yn cael ei chasglu er mwyn dod i ddeall yr hyn y gellid ei gyflawni o ran perfformiad, ac y byddai'r wybodaeth hon yn cael ei chynnwys yn fersiwn derfynol yr IMTP. Roedd y model ar gyfer ardaloedd gwledig hefyd o ddiddordeb i'r Aelodau a byddai gwaith pellach yn cael ei wneud i drafod gwella gwasanaethau.</p> <p>Argymhellod yr aelodau y gallai sgysiau pellach ynghylch y cynigion ychwanegol ddigwydd yng nghyfarfod y Prif Swyddogion Gweithredol neu gyda Byrddau Iechyd ar wahân, er bod arbedion maint yn ystyriaeth bwysig.</p> <p>Gellid ystyried opsiynau eraill hefyd er y byddai ymagwedd 'Unwaith i Gymru' yn ddefnyddiol. Nododd yr aelodau y gallai staff ychwanegol gael eu recriwtio, ac roeddent yn deall y byddai'r capasiti ar gyfer y flwyddyn nesaf yn synhwyrol ac yn ddefnyddiol o ran cynlluniau ar gyfer y flwyddyn nesaf. Byddai'r cwrs hyfforddi estynedig ar gyfer parafeddygon yn y flwyddyn ar ôl yr un nesaf yn arwain at nifer is o barafeddygon newydd ar gael bryd hynny. Roedd y capasiti o ran hyfforddiant yn gyfyngedig a byddai'n ddefnyddiol egluro sut y gallai hyn weithio ledled Cymru yn enwedig yn achos lleoliadau gofal brys ac argyfwng.</p> <p>Cododd y Cadeirydd fater perfformiad coch ac oren a disgwyliad y cyhoedd i dderbyn gwasanaeth amserol, a chododd hefyd yr angen i ddeall sut roedd angen i'r gwasanaeth newid wrth symud ymlaen a chyfathrebu ac ymgysylltu â'r cyhoedd am y newidiadau. Byddai sicrhau bod y gwasanaeth craidd yn cyflawni yn allweddol i'r gwaith o ddarparu opsiynau eraill ar gyfer gwasanaeth ambiwlans modern.</p> <p>PENDERFYNODD yr Aelodau:</p> <ul style="list-style-type: none"> • GEFNOGI IMTP drafft WAST • NODI bod yr IMTP yn cyd-fynd â Chynllun Blyneddol Pwyllgor EAS a bod y rhagdybiaethau ariannol yn debyg • NODI materion yn ymwneud â gwasanaeth 111 a'r llwybrau llywodraethu • CYMERADWYO bod y Cadeirydd a'r CASC yn llofnodi'r cynllun ar yr adeg briodol cyn ei gyflwyno i Lywodraeth Cymru. 	Cadeirydd a CASC
EASC 21/12	<p>ADRODDIAD CYLLID</p> <p>Derbyniwyd Adroddiad Cyllid Pwyllgor EAS.</p>	

	<p>Nododd yr aelodau y sefyllfa sefydlog, a bod cydbwysedd o 100% i'r cynllun. Ni ragwelwyd unrhyw anawsterau o ran cwblhau'r adroddiad cyllid ar ddiwedd y flwyddyn.</p> <p>PENDERFYNODD yr Aelodau:</p> <ul style="list-style-type: none"> • GYMERADWYO a NODI'R adroddiad. 	Cyfarwyddwr Cyllid
EASC 21/13	<p>COFNODION IS-GRWP PWYLLGOR EAS</p> <p>Derbyniodd yr Aelodau gofnodion a gadarnhawyd o gyfarfodydd Is-grwpiau Pwyllgor EAS fel a ganlyn:</p> <ul style="list-style-type: none"> • Grŵp Rheoli Pwyllgor EAS - 22 Hydref a 18 Rhagfyr 2020 • Grŵp Sicrhau Cyflawni EMRTS – 10 Mehefin 2020. • Grŵp Sicrwydd Cyflenwi NEPTS - 27 Hydref 2020 <p>PENDERFYNODD yr Aelodau:</p> <ul style="list-style-type: none"> • GYMERADWYO'R cofnodion a gadarnhawyd fel uchod. 	CASC
EASC 21/14	<p>LLYWODRAETHU PWYLLGOR EAS GAN GYNNWYS Y GOFRESTR RISG</p> <p>Derbyniwyd adroddiad llywodraethiant Pwyllgor EAS. Wrth gyflwyno'r adroddiad, eglurodd Gwenan Roberts y byddai'r Adroddiad Blyneddol yn cael ei gyflwyno yn y cyfarfod nesaf ac y byddai hyn yn cynnwys yr arolwg effeithiolrwydd.</p> <p>Nododd yr Aelodau y canlynol:</p> <ul style="list-style-type: none"> • Y byddai'r Rheolau Sefydlog model dros dro yn unol â Chylchlythyr Iechyd Cymru 2020/11 yn cael eu disodli gan y Rheolau Sefydlog gwreiddiol ar 31 Mawrth 2021. • Cyfarwyddiadau a Rheoliadau Pwyllgor EAS • Y Gofrestr Risg a ddaeth i law yng Ngrŵp Rheoli Pwyllgor EAS • Roedd aelodaeth Is-grŵp Pwyllgor EAS wedi'i chadarnhau ar gyfer pob Bwrdd Iechyd • Cynlluniau i wella mynediad y cyhoedd at gyfarfodydd Pwyllgor fel y Byrddau Iechyd. <p>PENDERFYNODD yr Aelodau:</p> <ul style="list-style-type: none"> • NODI'R cynlluniau i gwblhau'r Arolwg Effeithiolrwydd yn y cyfarfod nesaf • CYMERADWYO Rheolau Sefydlog Model ar gyfer Pwyllgor EAS gan nodi'r newidiadau yn dilyn Cylchlythyr Iechyd Cymru 2020/011 ar 31 Mawrth 2021 • NODI bod angen i bob Bwrdd Iechyd adolygu'r cynrychiolwyr yn yr Is-grwpiau • NODI'R trefniadau llywodraethu ar gyfer y Pwyllgor EAS • CYMERADWYO'R Gofrestr Risg. 	CASC

EASC 21/15	BLAENGYNLLUN BUSNES Derbyniwyd y blaengynllun busnes. Pwnc y sesiwn 'Ffocws' nesaf fyddai'r 'gwasanaeth ambiwlans modern'. Yn dilyn trafodaeth, PENDERFYNODD yr Aelodau: <ul style="list-style-type: none"> GYMERADWYO'R Blaengynllun. 	Cadeirydd
Rhan 4. MATERION ERAILL		CAM GWEITHREDU
EASC 21/16	UNRHYW FATERION ERAILL Dim.	

DYDDIAD AC AMSER Y CYFARFOD NESAF	
EASC 21/17	Bydd cyfarfod o Gyd-bwyllgor EAS yn cael ei gynnal am 09:30 o'r gloch, ddydd Mawrth 11 Mai ym Mhwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC), Uned G1, The Willowford, Main Ave, Ystâd Ddiwydiannol Trefforest, Pontypridd CF37 5YL ond mae'n debygol o gael ei gynnal ar lein ar lwyfan Microsoft Teams.
	Ysgrifennydd y Pwyllgor

Llofnod
Christopher Turner (Cadeirydd)

Dyddiad



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	11 May 2021

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: <https://easc.nhs.wales/the-committee/meetings-and-papers/may-2021/>

Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.

CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT

Stephen Harrhy (CASC) presented an update on the following areas:

- Ministerial Ambulance Availability Task Force – an evidence gathering session had been planned to capture the latest information on 'handover delays' which would be shared with Committee Members at a future meeting.
- Ambulance performance remained under the target of 65%; Members noted the re-setting and more normal expectations in terms of what was required and the WAST transition plan; this would be discussed in more detail, including plans for improvements to meet the target at the EASC Management Group and reported to the Joint Committee.
- Non-Emergency Patient Transport Services (NEPTS) Stephen Harrhy thanked the team at Betsi Cadwaladr (BCUHB) for their work in transferring into the service and also recognised the work of the NEPTS Team at WAST in ensuring the progress made to date. Members noted that conversations were taking place with the team at Cwm Taf Morgannwg (CTMUHB) to finalise the date for the transfer as the last health board area.
- Emergency Medical Retrieval and Transfer Service (EMRTS) Members noted that last year no specific capital allocation has been made for the EMRT Service including equipment replacement. This had now been agreed with Welsh Government officials and would be administered through the hosting arrangements at Swansea Bay (SBUHB).

PROVIDER ISSUES

Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:

- Performance at 60-62% remained below target despite good solid production against the unit hours of production and rosters

- the performance team had been tasked to undertake a deep dive to begin to correct position, but activity had increased significantly
- PPE issues continue to have an impact but aiming to return to normal activity in the next couple of weeks
- Routine activity increasing e.g. last week busier than Christmas week
- 111 Service progressing well – live with BCUHB next month
- Challenges for new call handling and supply meeting and discussing with 111 Programme Board

FOCUS ON – A MODERN AMBULANCE SERVICE

The presentation 'A modernised ambulance service for the future' was received. Jason Killens, Chief Executive of the Welsh Ambulance Services NHS Trust introduced the session and explained the intention was to build on the conversation at the last EASC meeting in terms of modernisation and transformation of ambulance services. In particular, the aim is to change the ambulance service to move from the traditional transport organisation to provide more direct clinical care as a system partner in Wales. The ambition of the offer to the commissioners was in line with the intentions of 'A Healthier Wales' and similar to other high performing ambulance services.

The Chair thanked Jason Killens and Rachel Marsh for the interesting and thought-provoking presentation. Members agreed on the importance of the work and having some time to reflect on the discussions and held with a view to further refinement to take matters forward and provide a clear vision for the future.

FINANCE REPORT

The EASC Finance Report was received. In presenting the report Stuart Davies, the Director of Finance highlighted the following:

- Underspend of £395,000
- Challenges to show in year spend on new initiatives.

Members **RESOLVED** to: **APPROVE** and **NOTE** the report.

EASC GOVERNANCE INCLUDING THE RISK REGISTER

The EASC Governance report was received. Members received the second EASC Annual Report which captured the work undertaken by the Committee in 2020-2021. The EASC Risk Register had one additional risk added namely 'Failure by the whole system, policy makers, commissioners and providers to utilise EASC in matters which related to its areas of responsibility'. There remained two red risks which related to the failure to achieve the performance targets for red and amber calls.

The EASC Management Group Annual Report and Terms of Reference was received which had been endorsed by the EASC Management Group. Members noted that attendance and more regular membership had been achieved this year.

The discussion on the effectiveness survey had identified further issues for discussion by the EASC Management Group members particularly in relation to how the information and knowledge was shared within individual organisations.

Members also noted that an updated Model Standing Orders had been received following the last EAS Committee meeting. The Members agreed that the Chair and the Committee Secretary review the Standing Orders and take Chair's action to ensure that all health boards receive the EASC Standing Orders as they are included as part of every health board's governance arrangements. The Standing Orders would be submitted for ratification at the next EASC meeting.

Members **RESOLVED** to:

- **APPROVE** the EASC Annual Report and Effectiveness Survey
- **ENDORSE** the EASC Annual Governance Statement for submission to the host body (Cwm Taf Morgannwg University Health Board)
- **APPROVE** the risk register
- **APPROVE** the EASC Management Group Annual Report and Terms of Reference
- **APPROVE** the Chair take Chair's action and work with the Committee Secretary to review and finalise the EASC Model Standing Orders for distribution to health boards.

Key risks and issues/matters of concern and any mitigating actions

- Increasing handover delays
- Red performance not meeting the target - risk register reflected the deterioration in performance
- Decreasing Amber performance - risk register reflected the deterioration in performance

Matters requiring Board level consideration and/or approval

- EASC Model Standing Orders would be shared for inclusion with health board Standing Orders

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	13 July 2021			

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	20 May 2021

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Presentation on IP5

The Programme Director provided an update on the facility at Imperial Park, Newport (IP5). The building was originally purchased to provide contingency for a no-deal BREXIT but has proved to be invaluable in responding to the challenges provided by COVID and in developing additional services. The site was formally acquired by NWSSP in March 2019 and the original business case (prior to COVID) envisaged a number of services moving into the facility. Many of these have been achieved (Relocation of the Cwmbran Store and the HCS South East Regional Hub; Temporary Medicines Unit and the development of office space which is now being used by the Medical Examiner Service). Some planned developments have been either delayed or abandoned due to the impact of COVID (Theatre Kitting; WEQAs; Health Incubators and Baby Bundles). A number of services that were never envisaged prior to COVID have now been established in IP5 (Production of PPE Packs for Primary Care; Storage of Lateral Flow Test Kits; Storage of Renal Fluids and Pulse Oximeters; Medical Records Storage; establishment of the Temporary Medicines Unit; Picking of PPE and Diluent Packs for the Vaccination Programme and more recently the collation of support for India). Members were very appreciative of the presentation, and of the efforts of staff at the site, in supporting NHS Wales and the wider public sector over the last 12 months.

Presentation on Primary Care Services

The Director of Primary Care Services provided a presentation on how NWSSP could better support the objectives of the Strategic Programme for Primary Care. Traditionally, NWSSP Primary Care Services has been largely a transaction-based service but recent months and years have seen the development of a number of expert services. Focusing on Cluster development, the Director highlighted a number of recognised issues including governance and IT issues, evaluation of performance, and support for development. He saw a number of opportunities where NWSSP could assist further with Clusters, including governance and

workforce support, data management and Shared Care Interface. NWSSP would be acting on behalf of Health Boards in helping to drive this agenda, rather than looking to replace them, and could utilise standard systems and processes to tailor solutions to local circumstances. SSPC members were appreciative of the presentation and were particularly focused in ensuring that NWSSP made use of the data at its disposal to benefit the wider NHS community.

Managing Director's Report – the main issues noted were:

- **Engagement with the Foundational Economy** One of the key priorities in this year is to build opportunities for strengthening our engagement with the foundational economy in supply chain and procurement. Our Procurement Strategy embraces the Wales First principles nurturing local supply chains and provides opportunities via competitive tendering to promote economic regeneration, by ensuring equal opportunities via local, regional, and national strategies on all contracts for goods and services. By adopting these principles this improves the Welsh economic operators' abilities to access and realise opportunities, which in turn also provides significant environmental benefits by sourcing locally. We are continuing to engage with stakeholders and the market to enable foundational economy outcomes from our procurement processes.
- **HCS – Electrification of Fleet** - Our Health Courier Services recently took delivery of six fully electric vans that are the first in a number that have been ordered and which will be a key component in the implementation of our Decarbonisation Strategy.
- **Annual Plan** - Positive feedback has been received following the submission of the Annual Plan to Welsh Government and we are currently awaiting official feedback.
- **Quality and Safety Committee** - Arrangements have now been finalised with Velindre regarding the establishment of the Quality and Safety Committee which enables us to discharge the (Partnership) Committee's resolution on this matter from last September.
- **TRAMS** - We are in the process of appointing a Director of Pharmacy Technical Services to help manage the Transforming Access to Medicine Service. A revised Programme Board will also be established to drive forward both the OBC and FBC. The role of the SRO is likely to be held jointly between the NWSSP Managing Director and the Chief Pharmacy Officer, Welsh Government.

Items Requiring SSPC Approval

Scheme of Delegation

The Director, Legal & Risk Services presented a paper to request changes to the Scheme of Delegation in respect of the Existing Liabilities Scheme. The paper also covered a request to further extend the COVID expenditure limits to the end of September and to increase the ESR recharge limit from £750k to £1m. The SSPC **ENDORSED** these requests.

Legal & Risk Case Management System

The Director, Legal & Risk Services, presented a paper on the award of a Case Management System. Implementation of this system will deliver a host of benefits for NHS Wales, including enabling more administrative tasks to be undertaken by junior staff, and thereby freeing up the time of senior lawyers, and also providing an easier route for Health Boards to access information on cases relevant to them. The SSPC **NOTED** and **ENDORSED** the contract award.

PPE Strategy

The Director of Finance & Corporate Services introduced this item which included the recent Audit Wales review into the procurement and delivery of PPE which concluded positively, and particularly when compared to the NAO report into the arrangements in England. The task now is to deliver a longer-term strategy for PPE provision. The aim is to have the plan in place with effect from September 2021.

Oracle Finance and Procurement System Upgrade

The Director of Finance & Corporate Services provided a verbal update on progress with the new Oracle upgrade. It was noted that an update on the results of the User testing would be presented at a STRAD meeting later that day and a decision to progress with the update would be made once the results from the user testing had been reviewed.

Annual Governance Statement

The Head of Finance & Business Development presented the final draft Annual Governance Statement which will be formally approved at the end of June Audit Committee. The statement is largely positive, reflecting the challenging year of working in a pandemic, and for which external and internal audit reports have demonstrated that systems and controls have largely been maintained, whilst measures implemented in direct response to the pandemic (e.g. PPE provision and site safety) have been successful. There were no limited or no assurance reports and only a very small number of control weaknesses identified, which had previously been reported to the Committee. There are still a few aspects of the statement which are still in draft. The Committee **ENDORSED** the statement for formal approval at the June Audit Committee.

Service Level Agreements

The Head of Finance & Business Development presented a paper on changes to the SLAs in place between NWSSP and health organisations across Wales for provision of services. The SLAs require formal annual review and approval by the SSPC. It was noted that both Digital Health and Care Wales and Health Education and Improvement Wales became full members of the Partnership Committee with effect from 1 April. The SSPC **APPROVED** the updated SLAs.

Audit Committee Terms of Reference	
The Head of Finance & Business Development presented an updated Terms of Reference for the Shared Services Audit Committee which the Committee APPROVED .	
Finance, Workforce, Programme and Governance Updates	
<p>Laundry Services - Three of the current five NHS laundries in Wales transferred over to NWSSP on 1 April 2021 as planned. Work is now on-going to improve the facilities and arrangements for each of these laundries, and to implement the operational SLAs that have previously been agreed at Committee. Further work is being undertaken with Cwm Taf Morgannwg UHB and Hywel Dda UHB to enable the two remaining laundries to be transferred later in the year.</p> <p>Project Management Office Update – The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team’s current progress and position on the schemes being managed.</p> <p>Finance and Workforce Report – The final position for 2020/21 was that all financial targets had been met and NWSSP achieved planned surplus of £21K (after a £2m distribution to Health Boards and Trusts), subject to external audit. The total expenditure for Welsh Risk Pool for 2020/21 was £123.8m and the Risk Share agreement was invoked at the IMTP value of £13.8m.</p> <p>Corporate Risk Register – there remain one red risk on the register, relating to the replacement of the NHAIS system. A new risk has been added following a number of attempted bank account mandate frauds in March, but procedures have been further strengthened to protect against this.</p> <p>Issues and Complaints 2020/21 Annual Report – The report highlighted a slight drop in the number of complaints and an improvement in response times.</p> <p>Finance Monitoring Reports – the Committee were provided with the monitoring returns for Months 12 and 1 for information.</p> <p>Audit Committee Assurance Report – the report relating to the Audit Committee held on 20 April was provided for information.</p>	
Matters requiring Board/Committee level consideration and/or approval	
<ul style="list-style-type: none"> The Board is asked to NOTE the work of the SSPC and ensure where appropriate that Officers support the related work streams. 	
Matters referred to other Committees	
N/A	
Date of next meeting	22 July 2021

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – MAY 2021

1. Introduction

The Mid Wales Joint Committee recently met in May 2021 to discuss the on-going work undertaken on planning for 2021/22 and organisational Covid-19 recovery plans. In particular reassurance was sought that these plans were delivering on the Joint Committee's key aims, in particular care closer to home.

This was the Joint Committee's first meeting since September 2020 as subsequent to this there was a second wave of the pandemic which included two lockdowns, and this had caused some disruption to the Joint Committee's meeting schedule. However, irrespective of this the work of the Joint Committee has continued.

2. Mid Wales Priorities and Delivery Plan

Priorities 2020/21

For 2020/21 the Covid-19 pandemic impacted on the delivery of the MWJC's priorities and delivery plan. This was due to the postponement of related services resulting in minimal progress and priority leads/services having to focus their time on responding to the pandemic. However, for some priorities there was a positive impact with delivery expedited, for example, Telemedicine and Digital developments which was a significant part of the Joint Committee's vision for Mid Wales. Those priorities for which there had been a less positive impact would be rolled over to 2021/22.

Priorities 2021/22

Work undertaken on the development of the proposed priorities for 2021/22 has included the following:

- Mid Wales Planning virtual workshop held in November 2020 which was attended by planning representatives of the Joint Committee's health and social care organisations from the Mid Wales area. During this session the priorities and delivery plan for 2020/21 were reviewed together with the key actions from the latest versions of the organisational Covid-19 recovery plans.
- Mid Wales Clinical Advisory Group meetings in March and May 2021 which focused on agreeing the clinical advice for the MWJC's future programme and agreeing a recommended set of clinical priorities for 2021/22.
- Mid Wales Planning and Delivery Executive Group meeting in April 2021 to review the proposed priorities and delivery plan for 2021/22 for recommending to the Joint Committee.

At the Joint Committee meeting in May 2021 it was noted that the priorities for the year would need to be flexible and responsive to the everchanging service recovery elements and the new Ministerial priorities which were due to be announced. This was due to the uncertain nature of the pandemic and the fact that organisational recovery plans were a first draft which required further development. It was also noted that some further work was required to prioritise those which would have a higher impact on the population. The proposed priorities objectives for 2021/22 are detailed on the next page.

Priority	Objective(s) 2021/22
Social and Green Solutions for Health	<ul style="list-style-type: none"> Review the impacts and outputs of Social and Green Solutions across Mid Wales. Review the focus and objectives of the Social and Green Solutions priority.
Ophthalmology	<ul style="list-style-type: none"> Review existing Ophthalmology service provision and waiting lists for Mid Wales in order to identify opportunities for a regional approach to recovery plans, ensuring consistent Primary Care support in the Ophthalmology pathway. Recruit to the Mid Wales Ophthalmology leadership role in order to secure leadership for an MDT approach across Mid Wales. Develop innovative solutions to address the continued gaps in Optometry service provision across the South Meirionnydd area.
Community Dental Services	<ul style="list-style-type: none"> Review existing community dental service provision and current waiting lists for Mid Wales and identify opportunities for a regional approach to recovery plans.
Cancer	<ul style="list-style-type: none"> Review current baseline data for waiting times in order to: <ol style="list-style-type: none"> Develop solutions for current issues and identify opportunities for increasing provision across Mid Wales community sites together Develop a plan for a Mid Wales approach to chemotherapy services in the community.
Digital (Includes WCCIS and Telemedicine)	<ul style="list-style-type: none"> Development of a clinically agreed plan for future digital developments for implementation across Mid Wales. Establishment of a regional Mid Wales strategic commissioning group.
Respiratory	<ul style="list-style-type: none"> Development of the Mid Wales Respiratory Plan outlining the service model for the provision of Respiratory services across Mid Wales with a focus on delivering care closer to home and the creation of a networked pathway across secondary and tertiary services.
Rehabilitation	<ul style="list-style-type: none"> Development of a Mid Wales Rehabilitation Service plan for inpatient, outpatient and community rehabilitation services and exploring the development of an MDT approach across Mid Wales.
Urology	<ul style="list-style-type: none"> Develop and agree a service model for Urology services at General Hospital with outreach services across Mid Wales. Implement the Urology service model: <ol style="list-style-type: none"> Phase 1 - Reintroduction of urology services at Bronglais General Hospital. Phase 2 - Establishment of outreach services across the Care Hubs in Mid Wales.
Cross Border Workforce solutions (includes Integrated care hubs Workforce plan for Mid Wales)	<ul style="list-style-type: none"> Develop solutions to establish cross border workforce arrangements across Mid Wales including joint induction and training programmes. Provide continued support to the establishment of a nurse training centre in Aberystwyth which if successful with include placements in a range of rural community settings across Mid Wales.
Clinical Strategy for Hospital Based Care and Treatment (includes Colorectal Surgical Pathway)	<ul style="list-style-type: none"> Develop the implementation plan to support the delivery of the Bronglais General Hospital strategy. Implementation of the year 1 deliverables of the delivery plan for the implementation of the Bronglais General Hospital clinical strategy 'Bronglais General Hospital: Delivering Excellent Rural Acute Care' with the development of regional and cross border solutions

3. Recovery plan for Mid Wales

At its April 2021 meeting the Mid Wales Planning and Delivery Executive Group agreed that there was a need to consider how organisational recovery plans supported the position in Mid Wales. As such the three Health Boards and three Local Authorities the first draft of their reports detailing how their respective organisational recovery plans supported the recovery across Mid Wales including the issues / challenges and plans for addressing these. These reports are a first draft with further work to be undertaken in conjunction with those Mid Wales organisations on the development of their recovery plans to ensure that the needs of the Mid Wales population are taken into consideration.

4. Mid Wales Clinical Advisory Group

The new Medical Director for Powys Teaching Health Board, Dr Kate Wright, assumed the Lead Clinical Executive Director role/Chair of the Mid Wales Clinical Advisory Group in March 2021.

Clinical advice for the Joint Committee's future programme and a recommended set of clinical priorities for 2021/22 in response to Covid-19 and organisational recovery plans has been agreed by the group as follows:

- Ophthalmology
- Cancer and Chemotherapy Outreach
- Urology
- Waiting lists (in particular Trauma & Orthopaedics and General Surgery)
- Utilising facilities in the Community
- Workforce in particular cross border /Joint workforce solutions

The North Powys Wellbeing programme leads on the implementation of a new model of health and care across North Powys to include the development of a Rural Regional Centre and Community Wellbeing Hub in Newtown. This will form part of a Multi-agency campus locating potentially health, social care, housing, education together with links to leisure, police and other partners. This will enable outreach facilities from acute hospitals in order to improve access to health and social care, well-being, prevention and health promotion services and improve services in communities across Mid Wales. The programme was placed on hold in March 2020 in light of the Covid-19 pandemic but was re-started in July 2020. The Programme Business Case had been finalised and submitted to Welsh Government with feedback due to be received by the end of May 2021. For the short term a number of accelerated projects had been supported and delivered through transformation funding. The focus was now on the service design work and supporting the development of the SOP for the multi-agency wellbeing campus.

Clinical networks will now be led by the Mid Wales Clinical Advisory Group rather than being a specific priority. Clinical network workshops to support the North Powys Wellbeing Programme were re-established with sessions held in November 2020 for Medical, Surgical, Paediatrics and Rehabilitation pathways. Key matters discussed at these network sessions included:

- What level of service could be provided at the proposed Newtown site for ENT, General Surgery, Gynaecology, Orthopaedics, Ophthalmology, Respiratory, Cardiology, Diabetes, Neurology, Stroke, Cancer, Chemotherapy and Dermatology.

- That the feasibility of establishing a level 2 rehabilitation unit in Powys should be explored further.
- There was a need to focus on Diagnostics and Digital for the future.
- That a plan be developed on what the proposed pathways may look like and that this be shared with the clinical networks for their feedback.
- The need to strengthen links between Paediatric teams across Mid Wales for which a further workshop was held in April 2021. At the request of paediatricians, a further workshop is to be arranged to identify solutions to issues relating to the handover between secondary care and primary/community care.

The group noted there was a need to ensure that quality measurements / outcomes were fully considered with strengthened clinical involvement in contracts and commissioning monitoring processes. The Hywel Dda University Health Board Director of Nursing was leading on a piece of work to look at some pathways to ascertain whether the qualitative element was fully understood and whether the right pathways were in place for patients. Progress on this work will be reported back to the group.

The group agreed that there was a need to look at the primary care and community element and interaction with and in between primary care contractors and which needed operational primary care teams to lead on these discussions. Opportunities for enhancing GP recruitment through offering portfolio GP and rotation packages needed to be explored. A joint cluster meeting is to be arranged of South Gwynedd, North Ceredigion and North Powys, to facilitated by the Joint Committee team, in order to start discussions within primary care on GP portfolio and rotation opportunities.

5. Public and Patient Engagement and Involvement

Due to the Covid-19 pandemic the proposed 2020/21 plan for engagement and involvement work was put on hold. However, the Joint Committee's social media sites have been used to continue to share key information with the public during the Covid-19 pandemic with feedback relayed back to relevant personnel and actioned, where necessary.

The Mid Wales Public and Patient Engagement and Involvement Steering Group has continued to meet during 2020/21 to share updates on engagement and involvement work undertaken. Organisations across Mid Wales have separately undertaken some valuable engagement across the region for which the outputs will be reviewed to identify any key emerging themes in relation to service provision across Mid Wales.

For 2021/22 Engagement and Involvement will now be an enabler for all of the Joint Committee's priorities rather than a specific priority which has been the case in previous years. Following feedback from the Mid Wales Planning workshop that the Forum focuses on engagement with young people, a pilot engagement project with the Penglais Youth Council will be undertaken through a questionnaire focused on the Joint Committee's priorities.

6. Rural Health and Care Wales

The three Mid Wales Health Boards have confirmed that they will fund Rural Health and Care Wales up until 31st March 2022. As such Jack Evershed has been appointed as Chair for a further 12 months.

The Rural Health and Care Wales Management and Steering Groups have been amalgamated into a Stakeholder Group with its management function residing with the Mid Planning and Delivery Executive Group. The Terms of Reference and governance structure has been revised to reflect these new arrangements.

The Rural Health and Care Wales work programme has been approved for 2021/22, on the proviso that it is subject to change pending finalisation of the Mid Wales Joint Committee priorities for 2021/22. Key areas of work include:

- Development of stronger links with the regional Research, Innovation and Improvement Hubs in North Wales, West Wales and Powys to ensure better alignment of work, collaboration and avoidance of duplication. Regular meetings are being held with representatives from all three hubs, who will be members of the Rural Health and Care Wales Stakeholder Group. Also, meetings have been held with representatives from Betsi Cadwaladr University Health Board to consider the Rural Health and Care Wales work programme and explore options for closer collaboration in future.
- The two-day Rural Health and Care Wales Virtual Annual Conference is due to be held on 9th and 10th November 2021 with work underway on the development of the programme for this event.
- A Delivering Value in Rural Wales Group had been established which includes representation from Betsi Cadwaladr University Health Board, Powys Teaching Health Board, Hywel Dda University Health Board, Mid Wales Joint Committee and Rural Health and Care Wales. The group are developing proposals for the establishment of a Professor in Health Economics post to lead the development of a West Wales Centre for Health Economics. The links with Rural Health and Care Wales, the Joint Committee's research arm, are currently being worked through.

7. Mid Wales Scrutiny Group

On this occasion a formal meeting of the Mid Wales Scrutiny Group (Ceredigion County Council and Gwynedd Council) was not held following the Joint Committee meeting. However, members of the group were invited to observe the meeting and submit any written feedback or questions they may have regarding the meeting's discussions after the meeting has concluded.

CYD-BWYLLGOR CANOLBARTH CYMRU AR GYFER IECHYD A GOFAL

ADRODDIAD DIWEDDARU – MAI 2021

1. Cyflwyniad

Cyfarfu Cyd-bwyllgor Canolbarth Cymru ym mis Mai 2021 i drafod y gwaith parhaus sy'n cael ei wneud i gynllunio ar gyfer 2021-21 a chynlluniau adfer sefydliadol yn dilyn COVID-19. Gofynnwyd yn benodol am sicrwydd bod y cynlluniau hyn yn cyflawni nodau allweddol y Cyd-bwyllgor, yn enwedig gofal yn nes at y cartref.

Hwn oedd cyfarfod cyntaf y Cyd-bwyllgor er mis Medi 2020 oherwydd yn dilyn y cyfarfod hwnnw, cyrhaeddodd ail don y pandemig a oedd yn cynnwys dau gyfnod o gyfyngiadau symud, ac roedd hyn wedi tarfu ar amserlen cyfarfodydd y Cyd-bwyllgor. Fodd bynnag, er gwaethaf hyn mae gwaith y Cyd-bwyllgor wedi parhau.

2. Blaenoriaethau a Chynllun Cyflawni Canolbarth Cymru

Blaenoriaethau 2020-21

Effeithiodd pandemig COVID-19 ar y broses o gyflawni blaenoriaethau a chynllun cyflawni Cyd-bwyllgor Canolbarth Cymru ar gyfer 2020-21. Roedd hyn oherwydd bod gwasanaethau cysylltiedig wedi cael eu gohirio gan arwain at ychydig iawn o gynnydd, ac roedd yn rhaid i staff arweiniol/gwasanaethau â blaenoriaeth ganolbwyntio ar ymateb i'r pandemig. Fodd bynnag, gwelwyd effaith gadarnhaol o ran rhai o'r blaenoriaethau wrth iddynt gael eu cyflawni'n gyflym, er enghraifft, Telefeddygaeth a datblygiadau digidol a oedd yn rhan sylweddol o weledigaeth y Cyd-bwyllgor ar gyfer y Canolbarth. Byddai'r blaenoriaethau hynny lle bu effaith llai cadarnhaol yn cael eu trosglwyddo i 2021-22.

Blaenoriaethau 2021-22

Mae'r gwaith a wnaed ar ddatblygu'r blaenoriaethau arfaethedig ar gyfer 2021-22 yn cynnwys y canlynol:

- Gweithdy rhithwir Cynllunio Canolbarth Cymru a gynhaliwyd ym mis Tachwedd 2020. Roedd cynrychiolwyr cynllunio sefydliadau iechedig a gofal y Cyd-bwyllgor o ardal y Canolbarth yn bresennol. Yn ystod y sesiwn hon adolygwyd y blaenoriaethau a'r cynllun cyflawni ar gyfer 2020-21, ynghyd â'r camau allweddol o fersiynau diweddaraf y cynlluniau adfer sefydliadol yn dilyn COVID-19.
- Cyfarfodydd Grŵp Cynghori Clinigol Canolbarth Cymru a gynhaliwyd ym mis Mawrth a mis Mai 2021 a ganolbwyntiodd ar gytuno ar y cyngor clinigol ar gyfer rhaglen Cyd-bwyllgor Canolbarth Cymru yn y dyfodol, ynghyd â chytuno ar set argymelledig o flaenoriaethau clinigol ar gyfer 2021-21.
- Cyfarfod Grŵp Gweithredol Cynllunio a Chyflawni Canolbarth Cymru a gynhaliwyd ym mis Ebrill 2021 i adolygu'r blaenoriaethau a'r cynllun cyflawni arfaethedig ar gyfer 2021-22 i'w hargymell i'r Cyd-bwyllgor.

Yng nghyfarfod y Cyd-bwyllgor ym mis Mai 2021, nodwyd y byddai'n rhaid i'r blaenoriaethau ar gyfer y flwyddyn fod yn hyblyg ac yn ymatebol i elfennau cynlluniau adfer y gwasanaeth sy'n newid yn barhaus, ynghyd â blaenoriaethau'r Gweinidog a oedd ar fin cael eu cyhoeddi. Roedd hyn oherwydd natur ansicr y pandemig a'r ffaith bod y cynlluniau adfer sefydliadol ar ffurf drafft cyntaf, ac y byddai'n ofynnol eu datblygu ymhellach. Nodwyd hefyd ei bod yn ofynnol gwneud gwaith pellach i flaenoriaethu'r elfennau hynny a fyddai'n cael effaith fwy sylweddol ar y boblogaeth. Manylir ar yr amcanion blaenoriaeth arfaethedig ar gyfer 2021-22 ar y dudalen nesaf.

Y Flaenoriaeth	Amcan(ion) 2021-22
Atebion Cymdeithasol a Gwyrdd ar gyfer Iechyd	<ul style="list-style-type: none"> Adolygu effeithiau ac allbynnau Atebion Cymdeithasol a Gwyrdd ledled y Canolbarth. Adolygu ffocws ac amcanion y flaenoriaeth Atebion Cymdeithasol a Gwyrdd.
Offthalmoleg	<ul style="list-style-type: none"> Adolygu darpariaeth a rhestrau aros presennol y gwasanaeth Offthalmoleg ar gyfer y Canolbarth er mwyn nodi cyfleoedd ar gyfer llunio dull rhanbarthol i fynd i'r afael â chynlluniau adfer, a hynny gan sicrhau cymorth Gofal Sylfaenol cyson ar gyfer y llwybr Offthalmoleg. Recriwtio i rôl arweiniol Offthalmoleg Canolbarth Cymru er mwyn sicrhau arweinyddiaeth ar gyfer dull gweithredu tîm amlddisgyblaethol ledled y Canolbarth. Datblygu atebion arloesol i fynd i'r afael â'r bylchau parhaus yn narpariaeth y gwasanaeth Optometreg ledled ardal De Meirionnydd.
Gwasanaethau Deintyddol Cymunedol	<ul style="list-style-type: none"> Adolygu darpariaeth a rhestrau aros presennol y gwasanaeth deintyddol cymunedol ar gyfer y Canolbarth a nodi cyfleoedd ar gyfer llunio dull rhanbarthol i fynd i'r afael â chynlluniau adfer.
Canser	<ul style="list-style-type: none"> Adolygu data gwaelodlin cyfredol yn ymwneud â rhestrau aros er mwyn: <ul style="list-style-type: none"> a) Datblygu atebion i faterion cyfredol a nodi cyfleoedd ar gyfer cynyddu'r ddarpariaeth ar draws safleoedd cymunedol y Canolbarth gyda'i gilydd b) Datblygu cynllun er mwyn llunio dull ar gyfer Canolbarth Cymru i ddarparu gwasanaethau cemotherapi yn y gymuned.
Digidol (Gan gynnwys System Wybodaeth Gofal Cymunedol Cymru (WCCIS) a Thelefeddygaeth)	<ul style="list-style-type: none"> Datblygu cynllun y cytunwyd arno'n glinigol ar gyfer datblygiadau digidol yn y dyfodol, i'w rhoi ar waith ledled y Canolbarth. Sefydlu grŵp comisiynu strategol rhanbarthol ar gyfer y Canolbarth.
Anadlol	<ul style="list-style-type: none"> Datblygu Cynllun Anadlol Canolbarth Cymru gan amlinellu'r model gwasanaeth ar gyfer darparu gwasanaethau Anadlol ledled y Canolbarth sy'n canolbwyntio ar ddarparu gofal yn nes at y cartref, a sefydlu llwybr rhwydweithiol ar draws y gwasanaethau eilaidd a thrydyddol.
Adsefydlu	<ul style="list-style-type: none"> Datblygu cynllun Gwasanaeth Adsefydlu Canolbarth Cymru ar gyfer gwasanaethau adsefydlu i gleifion mewnol, cleifion allanol ac yn y gymuned, ac ystyried y posibilrwydd o ddatblygu dull gweithredu tîm amlddisgyblaethol ledled y Canolbarth.
Wroleg	<ul style="list-style-type: none"> Datblygu a chytuno ar fodel gwasanaeth ar gyfer gwasanaethau Wroleg mewn Ysbyty Cyffredinol ynghyd â gwasanaethau allgymorth ledled y Canolbarth. Rhoi'r model gwasanaeth Wroleg ar waith: <ul style="list-style-type: none"> a) Cam 1 – Ailgychwyn gwasanaethau wroleg yn Ysbyty Cyffredinol Bronglais. b) Cam 2 – Sefydlu gwasanaethau allgymorth ar draws y Canolfannau Gofal yn y Canolbarth.
Atebion yn ymwneud â Gweithlu Trawsffiniol (yn cynnwys cynllun Gweithlu'r Canolfannau)	<ul style="list-style-type: none"> Datblygu atebion i sefydlu trefniadau ar gyfer gweithlu trawsffiniol ledled y Canolbarth, gan gynnwys rhaglenni ymsefydlu a hyfforddiant ar y cyd.

Gofal Integredig ar gyfer y Canolbarth)	<ul style="list-style-type: none"> Darparu cefnogaeth barhaus i'r cynllun i sefydlu canolfan hyfforddi nyrsys yn Aberystwyth a fydd, os yw'n llwyddiannus, yn cynnwys lleoliadau mewn ystod o leoliadau cymunol gwledig ledled y Canolbarth.
Strategaeth Glinigol ar gyfer Gofal a Thriniaeth mewn Ysbyty (gan gynnwys Llwybr Llawfeddygol y Colon a'r Rhefr)	<ul style="list-style-type: none"> Datblygu'r Cynllun Gweithredu i gynorthwyo wrth gyflawni strategaeth Ysbyty Cyffredinol Bronglais. Rhoi'r hyn y gellir ei gyflawni ym mlwyddyn 1 ar waith, yn unol â'r cynllun cyflawni ar gyfer gweithredu strategaeth glinigol Ysbyty Cyffredinol Bronglais 'Ysbyty Cyffredinol Bronglais: Darparu Gofal Acíwt Gwledig Rhagorol', wrth i'r broses o ddatblygu'r atebion rhanbarthol a thrawsffiniol fynd rhagddi.

3. Cynllun adfer ar gyfer Canolbarth Cymru

Yn ei gyfarfod ym mis Ebrill 2021, cytunodd Grŵp Gweithredol Cynllunio a Chyflawni Canolbarth Cymru fod angen ystyried y modd yr oedd cynlluniau adfer sefydliadol yn cynorthwyo'r sefyllfa yn y Canolbarth. Yn hynny o beth, cyflwynodd y tri Bwrdd Iechyd a'r tri Awdurdod Lleol ddrafftiau cyntaf eu hadroddiadau yn manylu ar y modd yr oedd eu cynlluniau adfer sefydliadol eu hunain yn cynorthwyo'r adferiad ledled y Canolbarth, gan gynnwys y problemau/heriau a'r cynlluniau ar gyfer mynd i'r afael â'r rhain. Drafftiau cyntaf yw'r adroddiadau hyn, ac mae gwaith pellach i'w wneud ar y cyd â'r sefydliadau hynny yn y Canolbarth er mwyn datblygu eu cynlluniau adfer i sicrhau bod anghenion poblogaeth y Canolbarth yn cael eu hystyried.

4. Grŵp Cyngori Clinigol Canolbarth Cymru

Cymerwyd rôl y Cyfarwyddwr Gweithredol Clinigol Arweiniol/Cadeirydd Grŵp Cyngori Clinigol Canolbarth Cymru gan Gyfarwyddwr Meddygol newydd Bwrdd Iechyd Addysgu Powys, Dr Kate Wright, ym mis Mawrth 2021.

Mae'r grŵp wedi cytuno ar gyngor clinigol ar gyfer rhaglen y Cyd-bwyllgor yn y dyfodol, ynghyd â set argymelledig o flaenoriaethau clinigol ar gyfer 2021-22 mewn ymateb i COVID-19 a chynlluniau adfer sefydliadol, fel a ganlyn:

- Offthalmoleg
- Gwasanaethau Allgymorth Canser a Chemotherapi
- Wroleg
- Rhestrau Aros (Trawma ac Orthopedeg a Llawfeddygaeth Gyffredinol yn arbennig)
- Defnyddio cyfleusterau yn y Gymuned
- Atebion yn ymwneud â'r gweithlu, yn enwedig gweithlu trawsffiniol/ar y cyd

Mae rhaglen Llesiant Gogledd Powys yn arwain y gwaith o weithredu model newydd o iechyd a gofal ledled Gogledd Powys, sy'n cynnwys datblygu Canolfan Ranbarthol Wledig a Chanolfan Llesiant Gymunedol yn y Drenewydd. Bydd hyn yn rhan o gampws amlasiantaethol a fydd o bosibl yn dwyn ynghyd gwasanaethau iechyd, gofal cymdeithasol, tai ac addysg ynghyd â chysylltiadau â'r heddlu, gwasanaethau hamdden a phartneriaid eraill. Bydd hyn yn galluogi ysbytai aciwt i ddarparu cyfleusterau allgymorth er mwyn gwella mynediad at wasanaethau iechyd a gofal cymdeithasol, llesiant, atal, a gwasanaethau hybu iechyd, ac yn gwella gwasanaethau mewn cymunedau ledled y Canolbarth. Gohiriwyd y rhaglen ym mis Mawrth 2020 oherwydd pandemig y Coronafeirws, ond fe'i haildechreuwyd ym mis Gorffennaf 2020. Roedd Achos Busnes y Rhaglen wedi'i gwblhau a'i gyflwyno i Lywodraeth Cymru, a'r disgwyl oedd y byddai adborth yn dod i law erbyn diwedd mis Mai 2021. Yn y byrdymor cefnogwyd a chyflawnwyd nifer o brosiectau carlam trwy'r Gronfa Trawsnewid. Bellach, mae'r ffocws ar y gwaith o gynllunio'r gwasanaeth a chefnogi datblygiad y Trefniadau Gweithredu Safonol ar gyfer y campws llesiant amlasiantaethol.

Bydd y rhwydweithiau clinigol, bellach, yn cael eu harwain gan Grŵp Cyngori Clinigol Canolbarth Cymru yn hytrach na'u bod yn flaenoriaeth benodol. Ailsefydlwyd y gweithdai rhwydweithiau clinigol i gynorthwyo Rhaglen Llesiant Gogledd Powys wrth i sesiynau gael eu cynnal ym mis Tachwedd 2020 ar gyfer llwybrau Meddygol, Llawfeddygol, Peditreg ac Adsefydlu. Roedd y pynciau canlynol ymhlith y materion allweddol a drafodwyd yn y sesiynau rhwydweithio hyn:

- Pa lefel o wasanaeth y gellid ei ddarparu ar safle arfaethedig y Drenwydd ar gyfer ENT, Llawfeddygaeth Gyffredinol, Gynaecoleg, Orthopedeg, Offthalmoleg, Anadlol, Cardïoleg, Diabetes, Niwroleg, Strôc, Canser, Cemotherapi a Dermatoleg?
- Y dylid ymchwilio ymhellach i ddichonoldeb sefydlu uned adsefydlu lefel 2 ym Mhowys.
- Yr angen i ganolbwyntio ar faterion Diagnosteg a Digidol ar gyfer y dyfodol.
- Y dylid datblygu cynllun ar sut y gallai'r llwybrau arfaethedig edrych, a bod hyn yn cael ei rannu â'r rhwydweithiau clinigol i gael eu hadborth.
- Yr angen i gryfhau'r cysylltiadau rhwng timau Pediatrig ledled y Canolbarth y cynhaliwyd gweithdy pellach i drafod y mater ym mis Ebrill 2021. Ar gais pediatregwyr, bydd gweithdy arall yn cael ei drefnu i nodi atebion i faterion yn ymwneud â'r broses o drosglwyddo rhwng gofal eilaidd a gofal sylfaenol/cymunedol.

Nododd y grŵp fod angen sicrhau bod mesuriadau/canlyniadau ansawdd yn cael eu hystyried yn llawn, a bod cyfranogiad clinigol cryfach mewn materion yn ymwneud â chontractau a phrosesau monitro comisiynu. Roedd Cyfarwyddwr Nyrsio Bwrdd Iechyd Prifysgol Hywel Dda yn arwain darn o waith i edrych ar rai o'r llwybrau i ddarganfod a oedd yr elfen ansoddol yn cael ei deall yn llawn, ac a oedd y llwybrau cywir ar waith i gleifion. Bydd adroddiad ar gynnydd y gwaith hwn yn cael ei gyflwyno i'r grŵp.

Cytunodd y grŵp fod angen edrych ar yr elfen gofal sylfaenol a chymunedol, ynghyd â'r rhyngweithio â chontractwyr gofal sylfaenol ac ymhlith y contractwyr hynny, a bod angen i dimau gofal sylfaenol gweithredol arwain y trafodaethau hyn. Roedd angen archwilio cyfleoedd ar gyfer gwella'r broses o recriwtio meddygon teulu trwy gynnig pecynnau meddygon teulu portffolio a pheynnau cylchdroi. Bydd cyfarfod ar y cyd o glystyrau De Gwynedd, Gogledd Ceredigion a Gogledd Powys yn cael ei drefnu, a hwylusir gan dîm y Cyd-bwyllgor, er mwyn dechrau trafodaethau ym maes gofal sylfaenol ynghylch cyfleoedd yn ymwneud â meddygon teulu portffolio a chylchdroi meddygon teulu.

5. Cynnwys ac Ymgysylltu â'r Cyhoedd a Chleifion

Oherwydd pandemig COVID-19, gohiriwyd cynllun arfaethedig 2020-21 ar gyfer gwaith yn ymwneud â chynnwys ac ymgysylltu. Fodd bynnag, defnyddiwyd safleoedd cyfryngau cymdeithasol y Cyd-bwyllgor i barhau i rannu gwybodaeth allweddol â'r cyhoedd yn ystod pandemig COVID-19, gydag adborth yn cael ei drosglwyddo i'r staff perthnasol a'i roi ar waith, lle'r oedd hynny'n briodol.

Mae Grŵp Llywio Canolbarth Cymru ar gyfer Cynnwys ac Ymgysylltu â'r Cyhoedd a Chleifion wedi parhau i gwrdd yn ystod 2020-21 i rannu diweddariadau ar y gwaith cynnwys ac ymgysylltu a wnaed. Mae sefydliadau ledled y Canolbarth wedi ymgymryd â gwaith ymgysylltu gwerthfawr ar draws y rhanbarth, a hynny ar wahân, a bydd yr allbynnau'n cael eu hadolygu i nodi unrhyw themâu allweddol sy'n dod i'r amlwg mewn perthynas â darparu gwasanaethau ledled y Canolbarth.

Bellach, bydd Cynnwys ac Ymgysylltu yn alluogwr ar gyfer holl flaenoriaethau'r Cyd-bwyllgor yn 2021-22, yn hytrach nag yn flaenoriaeth benodol fel y gwelwyd mewn blynyddoedd blaenorol. Yn dilyn adborth gan Weithdy Cynllunio Canolbarth Cymru a

nododd y dylai'r Fforwm ganolbwyntio ar ymgysylltu â phobl ifanc, bydd prosiect ymgysylltu peilot yn cael ei gynnal gyda Chyngor Ieuenctid Penglais trwy ddefnyddio holiadur sy'n canolbwyntio ar flaenoriaethau'r Cyd-bwyllgor.

6. Iechyd a Gofal Gwledig Cymru

Mae tri Bwrdd Iechyd y Canolbarth wedi cadarnhau y byddant yn ariannu Iechyd a Gofal Gwledig Cymru hyd at 31 Mawrth 2022. Yn hynny o beth, penodwyd Jack Evershed yn gadeirydd am 12 mis arall.

Mae Grwpiau Rheoli a Llywio Iechyd a Gofal Gwledig Cymru wedi'u cyfuno i ffurfio Grŵp Rhanddeiliaid, y mae ei swyddogaeth rheoli yn nwylo Grŵp Gweithredol Cynllunio a Chyflawni Canolbarth Cymru. Mae'r Cylch Gorchwyl a'r strwythur llywodraethu wedi'u diwygio i adlewyrchu'r trefniadau newydd hyn.

Mae rhaglen waith Iechyd a Gofal Gwledig Cymru ar gyfer 2020-21 wedi cael ei chymeradwyo, ar yr amod y gall newid pan fydd y broses o lunio blaenoriaethau Cyd-bwyllgor Canolbarth Cymru ar gyfer 2021-22 wedi'i chwblhau. Ymhlith y meysydd gwaith allweddol mae'r canlynol:

- Datblygu cysylltiadau cryfach â'r Canolfannau Ymchwil, Arloesi a Gwella yng Ngogledd Cymru, Gorllewin Cymru a Phowys i sicrhau gwell cysondeb a chydweithredu o ran y gwaith, ac osgoi dyblygu. Cynhelir cyfarfodydd rheolaidd gyda chynrychiolwyr o'r tair canolfan, a fydd yn aelodau o Grŵp Rhanddeiliaid Iechyd a Gofal Gwledig Cymru. Cynhaliwyd cyfarfodydd hefyd, â chynrychiolwyr o Fwrdd Iechyd Prifysgol Betsi Cadwaladr i ystyried rhaglen waith Iechyd a Gofal Gwledig Cymru ac archwilio opsiynau ar gyfer cydweithredu'n agosach yn y dyfodol.
- Disgwylir i Gynhadledd Flynyddol Rithwir Iechyd a Gofal Gwledig Cymru gael ei chynnal am ddeuddydd ar 9 a 10 Tachwedd 2021, ac mae'r gwaith o ddatblygu'r rhaglen ar gyfer y digwyddiad hwn ar y gweill.
- Sefydlwyd Grŵp Darparu Gwerth am Arian yng Nghymru Wledig, sy'n cynnwys cynrychiolaeth o Fwrdd Iechyd Prifysgol Betsi Cadwaladr, Bwrdd Iechyd Addysgu Powys, Bwrdd Iechyd Prifysgol Hywel Dda, Cyd-bwyllgor Canolbarth Cymru ac Iechyd a Gofal Gwledig Cymru. Mae'r grŵp yn datblygu cynigion ar gyfer sefydlu swydd Athro mewn Economeg Iechyd i arwain datblygiad Canolfan Economeg Iechyd Gorllewin Cymru. Mae'r cysylltiadau ag Iechyd a Gofal Gwledig Cymru, adain ymchwil y Cyd-bwyllgor, yn cael sylw ar hyn o bryd.

7. Grŵp Craffu Canolbarth Cymru

Ar yr achlysur hwn, ni chynhaliwyd cyfarfod ffurfiol o Grŵp Craffu Canolbarth Cymru (Cyngor Sir Ceredigion a Chyngor Gwynedd) ar ôl cyfarfod y Cyd-bwyllgor. Fodd bynnag, gwahoddwyd aelodau'r grŵp i arsylwi ar y cyfarfod a chyflwyno unrhyw adborth ysgrifenedig neu gwestiynau a allai fod ganddynt ynglŷn â thrafodaethau'r cyfarfod, ar ôl i'r cyfarfod ddod i ben.